oy is necessary, please exergetor. Page 4 should be TO L. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any lay is necessary, please execute the content of the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your content of the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your content of the con ar remayal

> VS. A15ME(5) 5M 9/55

	1289.5 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 12862
1	1. PLACE OF DEATH  a. COUNTY  C. STATE  D. COUNTY  D. C
	b. CITY OR TOWN (If autside corporate limits, write RURAL ond give nearest fown)  Configure nearest fown)  Configure nearest fown)  Configure nearest fown)
1	d. NAME OF MOSPITAL OR INSTITUTION (If no fin hospital, give street address)  Prince Led Linual (60/8 Noval aul 1985) NO STARM?  VES D NO STARM?
	3. NAME OF DECEASED (Type or print) FLOYD A CLEN ADAMS DEATH NOT 3.0 1966
	5. SEX  6. COLOR OR RACE  MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED Zef 26/9/1 Types  Months Doys Hours Min.
	10g USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Pealestoric  12. CITIZEN OF WHAT COUNTRY?
)	13. FATHER'S NAME  LEE WADDAMS  14. MOTHER'S MAIDEN NAME  TONNIE OLOMO (OLOGO)  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address
	(Ves. no. gentlement) (If yes, give wor or doles of service) 534.89.9643 morrie and in - as above
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  A CONTROL OF THE CAUSE (b)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)
	Conditions, if ony, which (b) (b)
0	(a), stating the underlying DUE TO (c) (c) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY
,	PERFORMED? YES NO
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH 201. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  202. TIME OF INJURY Month, Day, Year 203. INJURY OCCURRED 209. PLACE OF INJURY (Home, form, 201. (City or town) (County) (State)
	Haur a. m. While Not while at work totary, street, affice bldg., etc.)
	21. I certify that I taak charge of the remains described abave, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined cause .
	ACTUAL SIGNATURE DOUGLES M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	EXAMINER'S DAYTON ONATEINS DEPUTY MEDICAL EXAMINER 1/-30-60
1	22c. Burial, Cremation, Removal (Specify) Burial  22b. Date thereof (Stote)  12.3.1960  22c. Name of Cemetery or Crematory George. Washington  12d. Location (City, town, or county) Hyattsville.  Address  22d. Location (City, town, or county) Hyattsville.  Address  22d. Rec'd By Registrar (24b. Registrar's Signature)
	Lee. Funeral. Home. 300.4th.st N E. Wash. D Carde 2 '60 arthur & Krous

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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### MARYLAND STATE DEPARTMENT OF HEALTH

12000

DIVISION OF STATISTICAL RESE CEDTI

ARCH AND RECORDS — BALTIMORE 1, MARYLAND	1280
FICATE OF DEATH	1400

	recon		CEKTIFI	CAIE	OF DE	AIIT						
PLACE OF DEATH     O. COUNTY	Prince Ge	eorges	MARYL		USUAL RESIDEN		deceased I	ived. If inst b. COUR	NTY .	ence before		
b. CITY OR TOWN (I RURAL ond give no Chever	earest town)	limits, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TO	WN (If outsi		te limits, wri	te RURAL ond	d give near	est town)	
d. NAME OF HOSPIT OR INSTITUTION			General Hos	pital	d. STREET ADD		Place	3,		6.	ON A FA	ARM?
3. NAME OF DECEASED (Type or print)	Topic	First	Middle		Last		. DATE OF DEATH	10	Month	Doy	Yeo	r 22
S. SEX	Jose		L.	0 0	Armst	rong		2000	rember	ED I VEAT	F UNDER	60
Male	S. COLOR OR RA	WIDOW	RIED NEVER MARRIED  DIVORCED		OV . 30,	1920	,	lost birthdo	Months		Hours	Min.
during most of worl	ON (Give kind of wind life, even if reterder	rired)	KIND OF BUSINESS OR Restaurant	RINDUSTRY			foreign cou		12.CI	ITIZEN OF V	WHATCOL	INTRY
13. FATHER'S NAME				14	. MOTHER'S M							
	rancis A				Manu	OLE	onne.	1.1				
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	only, which mediate chus but the under but t		79 14 4086  THE FOR (O), (b), and (c).]  Abdom  Contributing to dea	nena o Ca		egen o	bou Lou	condition		ART 1(o) 19	T AND DI	TOPSY
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy,		Not while		OF INJURY (Ho street, office b		20f. (City o	r town)		(County)		(Stote
	ne C	11-2. Bate	ded the deceased of 1960, and the same Bateman		ATTENDING PHYS. 22d. ADDRESS	MED.	CTOR	STAFF PHYS.	and an H		stated a	bave
23a. BURIAL, CREMATIC BREMOVAL (Specify)	Nov 7,		23c. NAME OF CEME Cedar Hi					nd Md			(Stote)	
F. Gasch		Hyatts	ADDRESS Md.		2	NOV S	BY REGISTR	AR 25b.	REGISTRAR'S	SIGNATURE		

may be revolved by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremotion, or removol, and in any event, within 72 hours after death.

CR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VR A1S (4) 1SM 9/S9

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ment of the wants			
	(R) to nesquestions		
	Name of Popularia		
Are transacts to	e amarana a haida	1 803 AL 678 14	
	and the control of		
		A. 1962   Coder Hills C	on define
		National States	ter otherway .

# FOR STATE HEALTH DEP please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burish-transit permit. File pages 1 and 2 with the State Board of Hoalih, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12897 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
12864

1-		1,0001
•	1. PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before admission)  a. STATE  b. COUNY
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ovisida corporate limits, write RURAL and give nearest town)
/	write RORAL and give neadest lown) [ [Least on arred	Hyallowelle
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   . IS RESIDENCE
1	Prince Georger Seareral Hospitas	1 4706-68th Place YES NO J
1	3. NAME OF DECEASED (Type or print)	Last 4. DATE Month Dey Year OF DEATH
-	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	nor 1 19 60
	Female Whate WIDOWED DIVORCED )	March 26,1916 Lest birthday) Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Clerk 4-5. Governent	Jannessee n.Sle
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	andrew Walton King	Carrie Whitten
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 11 (Yes, no, orlunkown) (Ifyesgiva waror dates of sarvica)	NFORMANT
	LO PROPERTY OF THE PROPERTY OF	repl I. Jamelt some as #2
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Acute pe	Money edoring
	T 2 O , I DUE TO	
	Conditions, if any, which (b) Hesterte	ment Corones arthresoland
	gava rise to immadiate causa (a), stating the underlying DUE TO	
	cause last. (c) heart Cli	3 0 10 2 9
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED?
	5	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	ntar nature of injury in Part I or Part II of item 18.)
		CE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata)
	Hour a.m. While Not While facto	ory, street, office bldg., etc.)
		Id an Autonou D. Innestina D. I
	21. I certify that I took charge of the remains described above, held death resulted from: Natural causes , Accident , Suicident , Suicide	
	death resulted from: Natural causes , Accident , Suicident , Suici	de, Homicide, Undetermined manner
-	ACTUAL ( Man Anna a)	ASSISTANT MEDICAL EXAMINER DATE SIGNED
1	SIGNATURE	DEPUTY MEDICAL EXAMINER TO
	EXAMINER'S NAME (Typo) DAM ES I BOY	Addrass (Streat, city, town, or county)
6	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CHXXXXX 22d. LOCATION (City, town, or country) (State)
1	Burial Nov 19, 1960 George Washin	
	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
	F. Gasch's Sons Hyattsville, Md.	DANOV 2 3 '60 Outhur S. Harret

VS. A15ME 5M 7/59

.bro, allivating to the manufacture that the control of the contro The same at the same of the sa THE PARTY OF THE P

# TO HOSPITATION OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haves after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs offer wath.

VS A1S (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12966 CERTIFICATE OF DEATH

Reg. Dist. No. 12865

O. COUNTY PRINCE GEORGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	A CITY OF TOWN III A STATE OF G.
RURAL and give nearest town) NIRKYLIAND PARK	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR HOSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
403-65th ST.	1403-65th ST. ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Yeor
(Type or print) HANNAH	BATTERS DEATH NOVEMBER 7 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min
FEMALE WHITE WIDOWED DIVORCED	AULY 3, 10/0 82 yrs.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	ISTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MOUSEWIFE	NEW JERSEY 4.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I HOMAS TARROW GARTON	LYDIA MAKY UMALLWOOD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INEORMANT Address 150, 5T.
NO NO	AROLYN L. GALE, JOSMA, PK. MD.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	(D)7 49116   INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA,	LEFT BREAST, WITH METASTERS DIGER
DUE TO	
Conditions, if ony, which ) (b)	
gove rise to immediate cause (a), stating the under-	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 Hypertensin, chroni	YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Parl II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from the second	11. 19.5/, to 1/cv 7, 1960, that I last saw the deceased
010	accurred at 50 A.M. from the causes and an the date stated above.
6 200	ADDRESS (Street, city or town, stote)  DATE SIGNED
SIGNATURE MLJ Concloses	MD. 4400 BOWEN KD. SE
PHYSICIAN'S ERNEST E. CORNELSEN	WASHINGTON 19,00
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
J. Wm Lees Ams Co 300-47h.	et n. E DATENOV 9 '60 arilar S. Kraus

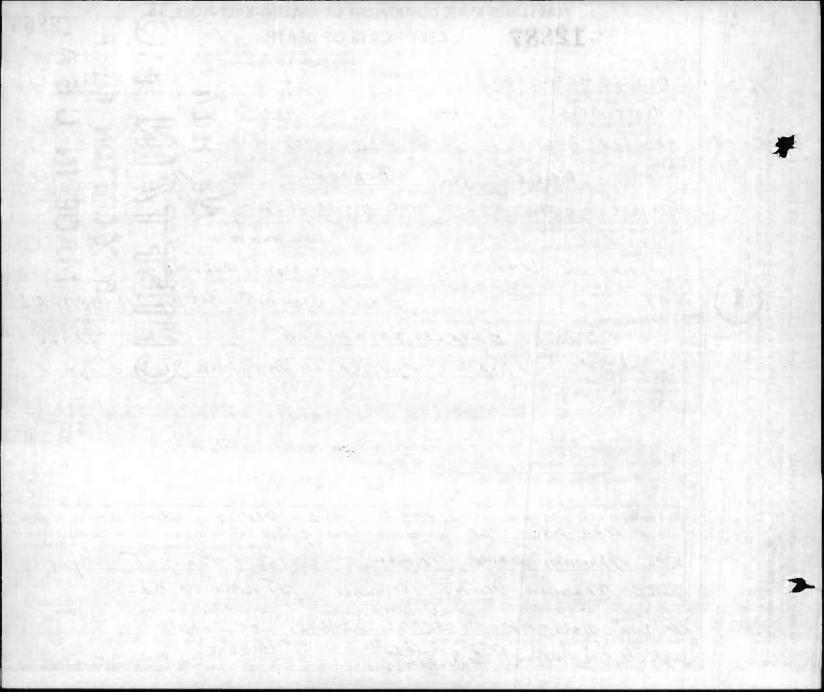
	A PONTO	
		Series 1

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12866	

	12887	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  PRINCE	georges	MARYLAND	O STATE	re deceased lived. If institu b. COUNT	Prince George
b. CITY OR TOWN (If a RURAL and give near		c. LENGTH OF STAY IN 16	- 5 //	rtside corporate limits, write	RURAL and give pearest town
d. NAME OF HOSPITAL OR INSTITUTION 903 COX	(If not in hospital, give street $Ave$	oddress)	d. STREET ADDRESS	tue.	e. IS RESIDENCE ON A FARM? YES NO F
3. NAME OF DECEASED (Type or print)	Nelle Nelle	W, Middle	Beaver	4. DATE MO	onth Day Year
S. SEX	. COLOR OR RACE 7. MARR	HED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	
Female		DIVORCED	Ang 30 1872	- 88 yrs	
Oa. USUAL OCCUPATION during most of working	g life, even if refired)	KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (Stote of		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
LYMHN	- R. WILL	AMS	ALMA	Mechyn	9
	N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT	Ad	dess
(Yes, no, or unknown)	yes, give war or dates of service)	и	AYNE BENEdi	cT 903 Co	x Ave. HYATTS. Md
PART I. DEATH	(Enter only one couse per lie) WAS CAUSED BY: WMEDIATE CAUSE (6)	ne for (o), (b), and (c).]	reumonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any gove rise to imm couse (o), stating the lying couse lost.	nediate (DUETO	oen rengiv	e. CAN. LIO VAS	GCULAN DI	sease Tyns
CATIC	SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMIN	al disease condition G	VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY MI	CAUSE OF DEATH	CRIBE HOW INJURY OCCURI	RED. (Enter noture of injury in Po	ort I or Part II af item 1B.)	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Year 20d. If While of wor	Not while	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	Lattended the decease  1 24 , 19  LATINAM DECEMBER  CRANHIN DE	on and that dea	th accurred at 934N	A, fram the causes a DDRESS (Street, city or town  O 3 Finhy  CAIN'IEM	41 11/24/62
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c, NAME OF CEMETERY		22d. LOCATION (City, town,	or county) (State)
REMATION	11-26-1960	CEDARMILL	CREMATORY L	SUM ENAL MU	2

after death. Page 4 Med with director, TO HOSPITATIOR ATTENDING PHYSICIAN: the formal management of the description of completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then pleas remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, ar removal, and in any event within 72 haus after death.



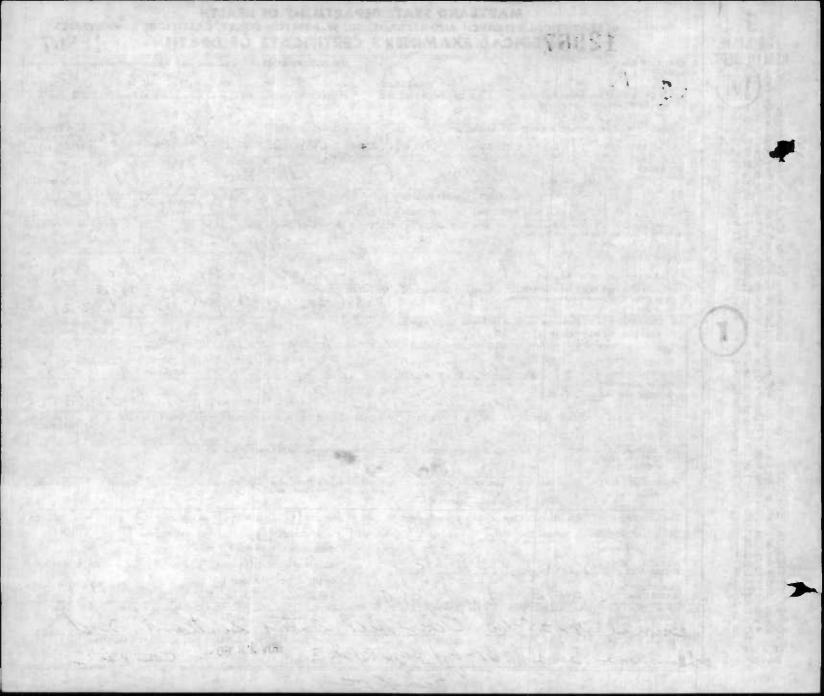
# TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any day is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fuseral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your First. TO FUNERAL DIRECTOR: Page 3 should be used as burial-trapetermit. File pages 1 and 2 with the State Board of Heith, or its designated agent, prior to burial, cremation, or removal, and in a newest within 72 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1296 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12867

1. PLACE OF DEATH  S. COUNTY  S. COUNTY  D. CITY OR TOWN (If munifed congress shall),  C. LENGTH OF STAY IN 18  C. CITY OR TOWN (If munifed congress shall),  T. C. CITY OR TOWN (If munifed congress shall),  C. LENGTH OF STAY IN 18  C. CITY OR TOWN (If munifed congress shall),  T. C. C. CITY OR TOWN (If munifed congress shall),  T. C. CITY OR TOWN (If munifed congress shall shal		2.00
BARYLAND  C. CITY OR TOWN (II outlide copyrate labus, principal concerns town)  C. CITY OR TOWN (II outlide copyrate labus, principal concerns town)  C. CITY OR TOWN (II outlide copyrate), write RURAL and give neared town)  C. CITY OR TOWN (II outlide copyrate), write RURAL and give neared town)  C. CITY OR TOWN (II outlide copyrate), write RURAL and give neared town)  C. CITY OR TOWN (II outlide copyrate), write RURAL and give neared town)  C. CITY OR TOWN (II outlide copyrate), write RURAL and give neared town)  C. CITY OR TOWN (II outlide copyrate), write RURAL and give neared town)  C. CITY OR TOWN (II outlide copyrate), write RURAL and give neared town)  C. CITY OR TOWN (II outlide copyrate), write RURAL and give neared town)  C. CITY OR TOWN (II outlide copyrate), write RURAL and give neared town)  C. CITY OR TOWN (II outlide copyrate), write RURAL and give neared town)  C. CITY OR TOWN (II outlide copyrate), write RURAL and give neared town)  C. CITY OR TOWN (II outlide copyrate), write RURAL and give neared town)  C. CITY OR TOWN (II outlide copyrate), write RURAL and give neared town)  C. CITY OR TOWN (II outlide copyrate), write RURAL and give neared town)  C. CITY OR TOWN (II outlide copyrate), write RURAL and give neared town)  C. CITY OR TOWN (II outlide copyrate)  C. CIT	a. COUNTY	
The State of an analyses with the state of t	MARYLAND	mayand Imme fogo
A NAME OF INSTITUTION IS NOT INSTITUTION IS NOT INSUITATION STATES AND INSTITUTION IS NOT INSUITATION IN PART IN INCIDENTIAL COURTED BY A STREET ADDRESS IN NOTE OF THE SECONDITION OF T	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)
3. NAME OF DECEASED TO COLOR OF RACE   7, MARRIED   Models   8. DATE OF BIRTH   Month   Day   Year   DECEASED   Color of RACE   7, MARRIED   Models   8. DATE OF BIRTH   Month   Day   Year   DECEASED   Color of RACE   7, MARRIED   MODELS   24.96 0   S. SEX   6. COLOR OF RACE   7, MARRIED   MYDORED   DIVORCED   Color of RACE   7, MARRIED   MYDORED   DIVORCED   Color of RACE   7, MARRIED   MYDORED   DIVORCED   Color of RACE   7, MARRIED   MYDORED   MYDORE	Ta = 11111	+ 2 torestule
3. NAME OF DECRASED   Size   S	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	
DECRASED (1799 or pm)  (GOLD COLOR OR RACE 7, MARRIED HATVER MARRIED   S. DATE OF BIRTH	The state of the s	155/2- Marin Town with NOW
The LUCAL WIDOWED DIVORCED   CLUB   C	DECEASED ()()	OF WAR A 12 Year
13. FAITHER S NAME  14. MOTHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (M. D.), and (C.).  16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  17. DEATH WAS CAUSED BY: (B)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  19. PART I. DEATH WAS CAUSED BY: (B)  20. DEATH (Solidate cause)  20. DUE TO  20. EXTERNAL CAUSE WAS  20. DESCRIBE HOW INJURY OCCURED. (Enter which and in my opinion death resulted from: Natural causes [A]. AND While with a paw in the pink of the cause of the remains described above, held an Autopsy [A]. Inspection [A]. I		16 / 80   less pirtidey   Months Deys Hours Min.
13. FATHER'S NAME	The USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUSTR	
15. WAS DECEASED FYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMAND   18. OF DEATH [Enter only one cause par line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]   18. PART I.D PART I.D PART II.D PA	done dyring most of working life, evan if retired)	manyland 4.5.6
18. CAUSE OF DEATH [Enter only one cause par fina for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)   DUE TO   Conditions, if any, which gave rists to immediate cause (a), stating the undarlying cause last.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa)   19. WAS AUTOPSY PERFORMED? YES NO	13. FATHER'S NAME	14. MATHER'S MADEN NAME Charlon Charles Charles Concloude Concloud
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20c. TIME OF INJURY Hour a.m. p.m.  19 20d. INJURY OCCURRED While Not While et work   20d. INJURY OCCURRED While Not While et work   19 21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   and in my opinion death resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined manner    ACTUAL SIGNATURE EXAMINER'S NAME (Type)  22a. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CENETRY OR CREMATORY   22d. LOCATION (City, lown, or country)  22b. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CENETRY OR CREMATORY   22d. LOCATION (City, lown, or country)  23 FUNERAL DIRECTOR  ADDRESS   24e. RECO BY REGISTRAR   24b. REGISTRAR'S SIGNATURE	2Da. EXTERNAL CAUSE WAS   2Db. DESCRIBE HOW INJURY OCCURED. (	Entar native of injury in Part I or Part II of itam 18.)
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ACTUAL SIGNATURE  SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  1/- Z 2- 60  Address (Street, city, town, or county)  22a. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  PLACE SIGNED  ADDRESS  ADDRESS  24b. REGISTRAR   24b. REGISTRAR'S SIGNATURE		
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### AND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY director, Page necessary files. MARYLAND OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 outside corporate fimits, write RUPAL and RURAL and give geerest town) 0 era DECEASED OF (Type or print) DEATH UINM NOU B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED last birthday) Months DIYORCED USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) HOUSEWISE 13. FATHER'S NAME Pages MORE Eile-pages PM3 ent ARMED FORCES? (Yes, no, or unkown) | (Ifyasgivawaror detas of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying causa last. CERTIFICATION 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work ease execute the certificate, CIOR: I DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X à death resulted from: Natural causes Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cemetery

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22d. LOCATION (City, town, or country)

24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

Freeland, Maryland

IS RESIDENCE

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12. CITIZEN OF WHAT COUNTRY?

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REMOVAL (Specify)

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Burial

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12950

### **CERTIFICATE OF DEATH**

Reg. Dist. No. 12869

	3 4 (1) 1)							walls mini	110.	
1. PLACE OF DEATH o. COUNTY Prince	George		MARYLAND	II o STATE		ere deceased live	b. COUNTY			nission)
b. CITY OR TOWN	(If outside carporate limits,	write c.	LENGTH OF STAY IN 16			utside corporate l				wn)
RURAL and give	nearest fown)			Laure	1			01		
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give	street add	lress)	d. STREET	ADDRESS			1	e. IS F	RESIDENCE
I	aurel Genera	1 Hos	pital	605 F	airla	wn Ave.			YES	□ NO □
3. NAME OF DECEASED (Type or print)	Frederick		Wilson	Besle		4. DATE OF DEATH	Nov	rember	Day 8	Year 19 60
S. SEX	6. COLOR OR RACE 7	- MARRIED	NEVER MARRIED	B. DATE OF BIRT	HFeb.	16, 9. A	GE (In years st birthday)		-	DER 24 HRS.
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during most of wo	ION (Give kind of work do rking life, even if retired) of Sceince	ne 10b. KIN	ID OF BUSINESS OR INC		rgini		)	12. CITIZ	EN OF WH	AT COUNTRY?
13. FATHER'S NAME Barthol	lomew Besley			14. MOTHER'S	MAIDEN N					
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE	\$? 16. SO	CIAL SECURITY NO. 17.	INFORMANT			Add	ress		
(Yes, no or unknown)	(It yes, give war or dates of servi			Hospi	tal R	ecords				
Conditions, if gave rise to cause (a), stating lying cause last	the <u>under</u> DUE TO	He	puil Viler	usi	on	rese	1		52	July July
PART II. OT	THER SIGNIFICANT CONDI	HONS CON	ITRIBUTING TO DEATH B	UI NOI RELATED IC	O THE TERMI	NAL DISEASE COI	ADITION GIV	PART 1		FORMED?
200. ACCIDENT WOR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIE	BE HOW INJURY OCCUR	RED. (Enter nature o	of injury in P	Port I ar Part II af	item 1B.)			
20c. TIME OF INJU Hour a.m. p. m.	10	20d. INJU While at work	Nat while	PLACE OF INJURY ( factory, street, affic	(Hame, form, a bldg., etc.	20f. (City or to	wn)	(Co.	unity)	(State)
21. I certify to alive on	hat Vattended the d	eceased 19 ft	>	th occurred of		M, from the	causes o	and on the	date sta	e deceased ated above DATE SIGNED
PHYSICIAN'S NAME (Type)		ren,	M.D., 305 P	rince Geo	rge S	treet, L	aurel,	"aryl	and	
220. BURIAL, CREMATIC REMOVAL (Specify Crematic			Green Mou			22d. LOCATION Balt		or county) Maryl		(ate)
23. FUNERAL DIRECTO			ADDRESS		24a. REC'1	BY REGISTRAR		STRAR'S SIGN		
John O. Mit	tchell & Sons	, Inc	. 1900 Euta	w Place	DATE N	00's '60	0	Lithur S.	Trava	

rs after death. Page 4 TO HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haves after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled. By the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5S

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MATTIAL STATE DEPARTMENT OF BEAUTIAL RATTING

" ofter death. Page 4

TO HOSPITM OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hay

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12899

CER	TIFICATE	OF DE	ATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Maryland Prince George's Prince George's MARYLAND

	RURAL and give.  Chever		ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF		orate limits, write R	URAL and	give ne	arest tawn	1)
	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, g		address)	5	d. STREET ADDRESS RFD # 2	Box 8	32				FARM?
3.	NAME OF DECEASED (Type or print)	Richa		Middle		Blake	4. DATE OF DEATH	Novem		1	,	Year 19 60
S.	sex Male	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	_	B. DATE OF BIRTH		9. AGE (In years last birthday) 747 yrs.	Manths Manths	R 1 YEAR Days	Hours	Min.
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13	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
1)	linknow.	n				Unknow	n					
	, WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO	).   17, II	Odell Blak	e M	itchellvi		Md.		
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	Conditions, if		. (	alter	0 1	salero I	0	HRL	Lo.			
	cause (a), stating lying cause last	the under- DUE TO	)		· ·							
CATION		Car cu		CONTRIBUTING TO DE	ATH BU	NOT REPATED TO THE TERM	MINAL DISEAS	D. no	EN IN PA	RT 1(a)	PERFO	AUTOPSY DRMED?
CERTIFI	20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (	CCURRE	ED. (Enter nature af injury in	n Part I ar Pai	rt II of ite 18.)				
MEDICAL	20c. TIME OF INJU Haur a.m. p. m.	10	ar 20d. I While at war		20e. Pl	LACE OF INJURY (Hame, for actory, street, affice bldg., e	rm, 20f. (Cit	y ar tawn)		(Caunty)	0	(State)
	21 I certify th	at (I) (this haspital	1) attend	led the deceased	fram	11-1-601	9 ta	Deall	OV	1,	at (1) (	wel last

M.D.

saw the deceased alive an NOV. 19 60, and that death accurred 640 Them the causes and an the date stated above 22a. SIGNATURE 22b. DATE

ATTENDING PHYS.

22c. PHYSICIAN'S Leonard Dietz NAME (Type)

Burial

MED. DIRECTOR 224 ADDESS Baltimore Ave., Hyattsville, Md. SIGNED

(State)

12870

BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) REMOVAL (Specify)

Carroll 6,

Nov. 256. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE 25b, REGISTRAR'S SIGNATURE 30-24-St. NE DATE NOV 4 Orlhun S. Kraus

may be retained by the haspital ar attending physician.

VR A1S (4) 15M 9/S9

Land of the party of the land 7. 22701 PM ... ball ... . tok . had be a formation in the least of the men and the properties and a stand arthur solme In Hit has a come is the head is the policy the and the second second second

Wofter death. Page 4

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please Femave carban papers. Pages 1 and 2 shauld be filled with page 2 singuize to burial, cremation, ar removal, and in any event within \$2 bours after death.

VS A1S (4) 1SM 9/SB

Noos

TO HOSPITMOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

1. PLACE OF DEATH 0. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (When a. STATE D.	te deceased lived. If in b. COI		fore admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) <b>Hyattsville</b>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside corporate limits, w	rrite RURAL and give r	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give streen or institution or institution has bells Nursing Home	eet oddress)	d. street address 718 Brandywir	ne S t.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First	THOMES BLO		4. DATE OF DEATH		Yeor 19 <b>60</b>
Mala White		Sept. 9, 1960	9. AGE (In ) last birthe		AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind af work done luduring most of warking life, even if retired)	None	TRY 11. BIRTHPLACE (Stote or Washingto		U. S	OF WHAT COUNTRY?
13. FATHER'S NAME Thomas W. Blohm		14. MOTHER'S MAIDEN NA  Lahni M. ##		Nichelson	n
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		mas W. Blohm	(Father)	Address Same as #	2
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying cause lost.  C  PART II. OTHER SIGNIFICANT CONDITION	Congenital Lear t	Chosase - hull	al Disease CONDITIO	t t	19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o. m. 100	ile Not while foo	CE OF INJURY (Hame, form, lary, street, affice bldg., etc.)		B.) (Count	YES NO
21. I certify that I attended the dece olive on	2 4 C, and that death	., 19.60, to occurred on A A A.D. 6905 A			
PHYSICIAN'S Thomas A. Chr	istensen, M. D.	Perol	Dage Park	, marche	rud
220. BURIAL, CREMATION, PREMOVAL (Specify) 22b. DATE THEREOF 11/15/60	Mt. Olivet		22d. LOCATION (City, I)		(State)
23. FUNERAL DIRECTOR'S SIGNATURE  F. Gasch's Sons Hyat	ADDRESS taville, Md.	24a. REC'D	BY REGISTRAR 24b.	REGISTRAR'S SIGNAT	

# TABLE SELL AND AND

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## CERTIFICATE OF DEATH

12872

1	Ro	0	-

2,4000		0. 0.0	- R	eg. Dist. No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (WHO o. STATE	nere deceased lived. It institution:	Residence before admission)
Prince George	MARYLAND	3.5	vland b. COUNTY F	rince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RURA	AL and give nearest town)
Hillcrest Heights	10 years	19 Hil	lcrest Height	SS
d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION 2902 Fairlawn Stree		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle		lawn St., SE	
(Type or print)  BERNARD	LEO	BORGER	DEATH November	15, 19609
5. SEX 6. COLOR OR RACE 7. MAI	RIED NEVER MARRIED	B. DATE OF BIRTH	the state of the s	UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOV	VED DIVORCED	January 24.	1889 71 71 71	onths Days Hours Min.
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDI			12. CITIZEN OF WHAT COUNTR
Retired-Plate Printer	- US Govita	Washing	ton.D.C.	USA
3. FATHER'S NAME	00 001 0	14. MOTHER'S MAIDEN N		
John Henry Borge		Λ	7 W	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16		INFORMANT A D DO	Lonia Nau Address	
(Yes, no or unknown) (If yes, give wor or dates of service)		1 16 5	// 0 2	
NO LINE CAUSE OF PEACH IS		da M. Borge	r #2 above	
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (o)	Uremia			3 weeks
DUE TO				
Conditions, if ony, which ) (b)	Chronic Glo	omerulonephr	itis	2 years
gove rise to immediate couse (o), stoting the under-				
lying cause lost. (c)	Arterioscle	erotic Heart	Disease	5 years
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition given	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DE OR CONTRIBUTING   CAUSE OF DEATH	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)			Ţ.	
Hour o.m. While	_ Not while	LACE OF INJURY (Home, form actory, street, office bldg., etc		(County) (State)
	ork at work		1 / / -	
21. I certify that I attended the decea	sed from $4/28/19$		1/15/1969	hat I last saw the decease
alive an 11/11/1960, 19	and that deat	h accurred at 12:3	M, fram the causes and	an the date stated above
20 .41	7 11-	P.M.	ADDRESS (Street, city or town, stol	e)DATE,SIGN
SIGNATURE Of PENGED THE	Allens	м.р. 322- Н.	Street, N.E.	11/15/1960
PHYSICIAN'S Thomas F. Col:	lins, M.D.	Washing	ton 2, D.C.	
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town, or c	outsty) (State)
Burial 11-18-60		t Cemetery		
	M. 91 ADDRESS		Washington,	AR'S SIGNATURE
James T.Ryan, Inc.	317 Pa.Ave			1 & Thous
Tours Tours Tillo	JT/ ICOULAC	DATE	coninu	1 L. Males

ely filled throy the funeral director, Poges 1 and 2 should be filed with may be refushed by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has

rs ofter death: Page 4

VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

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e. IS RESIDENCE

Day

U.S.A

件 2

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED? NO [

(Stote)

22b. DATE SIGNED

ON A FARM?

YES NO

Year

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in by the funeral director,	rmit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with		ハフツ
an and completely filled	carbon papers. Pages 1	ma 72 haurs after death.	
ed by the attending physician and completely filled in by the funeral directar,	mit. Then please remave	aval, and in any event, within 72 hours after death.	

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certificate

1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Prince George's b. COUNTY MARYLAND Maryland Prince George's b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cheverly 16 days Riverdale d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 4806 Longfellow St Prince George's General Hospital NAME OF First Middle Month DECEASED DEATH (Type or print) Rosalie Brannon November 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months DIVORCED | Female White WIDOWED | 9-28-06 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) HOUSEWIFE VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PACE M. BRUCE PERRYMAN VIRGINIA 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO SAME AS VIRGIL BRANNON NO ES 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (o), stating the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of infury in Port I at Part H of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or lown) factory, street, affice bldg., etc.) Hour a. m. While Nat while 19 60 of work at work 21. I certify that (1) (this haspital) attended the deceased fram. 1960, and that death accusted by perm from the causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE

OR ATTENDING PHYSICIAN: The law requires that the death HOSTILL ON A TRANSPORT OF A STEED OF A STEED OF STEED OF

0 1SM 9/59 NAME OF CEMETERY OR CREMATORY EMETERY

23d. LOCATION (City, town, ar county)

PHYS.

(County)

24. FUNERAL DIRECTOR'S SIGNATURE (00.

HOMAS

23b. DATE THEREOF

22c. PHYSICIAN'S NAME (Type)

23a. BURIAL CREMATION.

REMOVAL (Specify)

DIRECTOR

ATTENDING

22d. ADDRESS

M.D.

25h REGISTRAR'S SIGNATURE

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12951

### **CERTIFICATE OF DEATH**

12874

	Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  Prince Georges  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Laurel  d. NAME OF HOSPITAL (If not in hospitol, give street address)  1425 Sandy Spring Rd.	d street ADDRESS 1425 Sandy Spring Rd.  o. IS RESIDENCE ON A FARM? YES \( \sigma \) NO \( \sigma \)
3. NAME OF DECEASED (Type or print) Catherine R.	BRANZELL A. DATE Month Day Yeor DEATH NOV 26 19 60
	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HBS.  Months   Days   Hours   Min.
100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired)  Housewife  At Home	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Yes, no. or unknown) (If yes, give, wor or dates of service)	Unknown  NFORMANT  IN F Branzell  4206 Newark Rd.,  Colman Manor, Md.
Conditions, if ony, which gave rise to immediate couse (a), stoting the under-lying couse lost.  DUE TO  (b)  DUE TO  (c)	ursis 2 yrs
(c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form., 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from. 1//2-Q. alive an 1//2-3 1940, and that death  ACTUAL SIGNATURE	accurred atM, from the causes and an the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNE  N.D
PHYSICIAN'S NAME (Type) NB STEWARD.  120. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OF	314 Compton Ave., Laurel, Md. 11/26/
Burial 11/30/60 Fort Lincol	In Cemetery Bladensburg, Maryland.
W. W. CHAMBERS CO., Riverdale.	Md. DATE NOV 2 9 '60 CILLIN S. Thomas

TO HOSPINAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled may be founded director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or remaval, and in any every mithing 72 hours after death. VS A15 (4) 15M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH 290 DEVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF BEAUTIMORE 1, MARYLAND CERTIFICATE OF DEATH

			OEIZIII I	-	OI DEFAIL	•				
	PLACE OF DEATH o. COUNTY Prince	e Georges	MARYLAN	- 1 - 0	STATE Maryl		d lived. If institution b. COUNTY	on: Residence	George	ission)
	b. CITY OR TOWN (III RURAL ond give ne Cheve:		c. LENGTH OF STAY IN	1b 6	c. CITY OR TOWN (II	tsville	rote limits, write RI	JRAL and giv	ve nearest to	wn)
	d. NAME OF HOSPITA	AL (If not in hospital, give stree			d. STREET ADDRESS		ttenden S	treet	e. IS RI ON YES [	ESIDENCE A FARM?
-				11 /						
	NAME OF DECEASED (Type or print)	Hohn	Middle C	Brook	ce Sr.	4. DATE OF DEATH	Nov		13	19 60
S.	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years		YEAR IF UNI	DER 24 HRS.
	Male	1 1111	VED DIVORCED		17 Feb 188		10st birthdoy) 79 yrs.		Days Hour	
100	during most of work  Retired	ON (Give kind of work done long life, even if retired)	Attorney	NDUSTRY	Virgin	to	ountry)	U. S	A.	COUNTRY?
13.	FATHER'S NAME	1	Access 116 y	14.	MOTHER'S MAIDEN	NAME	3			
	Jaquelin A	Ambler Brook	e		Elizabet	h Bruc	e Green			
15.			S. SOCIAL SECURITY NO.	17. INFORM	MANT		Addr	ess		
	No. or unknown)	(If yes, give war or dates of service)		Alic	e L. Bro	oke (W	ife) Sam	e as N	Jo. 2	
		TH [Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	autil I	Trans	hai.				INTERVAL I	
	Conditions, if or	DUE TO	Generalizas	e is	Tensele	mi			5 y	enger .
	gove rise to in couse (o), stoting t lying couse lost.	nmediote Dus TO							0	
CATION	PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WAS PERF YES [	ORMED?
CERTIFI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   20b. DE   CAUSE OF DEATH   MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	URRED. (En	ter noture of injury i	n Port I or Por	t II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Whil			OF INJURY (Home, fa street, office bldg., e		y or town)	(Co	ounty)	(Stote)
	21. I certify tha	t (1) (this haspital) atter			occurred ab	9 <b>57</b> , ta 054 from	the causes an	may I raine	. ,	(we) last
	220. SIGNATURE	mon Doud	Comesu	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		1/1	3 LO
	22c. PHYSICIAN'S NAME (Type)	Dr. Norman Com	eau M.D.		22d. ADDRESS  Mt. Ra	350A P	erry St.		7	
230	BURIAL, CREMATIO	N, 23b, DATE THEREOF	23c. NAME OF CEMETER	RY OR CRE		_	TION (City, town,	or county)	(St	tote)
	Burial (Specify)	11/15/60	George V	Wash	ington	Hy	attsville		,	Md.
24.	FUNERAL DIRECTOR	S SIGNATURE I	Iyattsville, l	Md.		C'D BY REGIS		TRAR'S SIGN		

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the with the State Board of Health prior to burial, cremation, or removal, and in any event within 22 yours after death. s after death. Page may be retained by the hospital or ottending physician.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOSP VR A15 (4) 15M 9/59

10031 there are not the State of the Lord Laboration and the same Wild International .10.0-10.15 134 . Estat (ESS) and a sti The thirty of the second of th

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1290 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) PLACE OF DEATH a. COUNTY Q. STATE b. COUNTY MARYLAND Page 0 b. CITY OR TOWN IIf outside corporate limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) d give necrest town 0 or. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO P NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED [ DIVORCED T YES. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) e 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME a.uc 510 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address O 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO P 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of Injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while g. m. of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection 14 Inquiry death resulted from: Natural causes II Accident Suicide | Homicide | . Undetermined cause to the Chic ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, Igwn, or county) (Stote) MOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAN 24b. REGISTRAR'S SIGNATURE VS. ATSMEIS arthur S. Krouns DATE 5M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

### CERTIFICATE OF DEATH

12877

12969	CERTIFICA	ALE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Prince George:	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE  Maryland	tived. If institution: Residence before admission) b. COUNTY Pr. Geo's
b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town)	c. LENGTH OF STAY IN 16	9.4	ote limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give st OR INSTITUTION	reet oddress)	Upper Marlbord d. Street ADDRESS Main Street	e. IS RESIDENC ON A FARM
Main Street		Marn Screet	YES NO
3. NAME OF DECEASED (Type or print) W///// M	Riddle R	Buck 4. DATE OF DEATH	November Doll 9, Year
5. SEX 6. COLOR OR RACE 7.	MARRIED   NEVER MARRIED	B. DATE OF BIRTH	AGE (In years IF UNDER 1 YEAR IF UNDER 24 F
111111111111111111111111111111111111111	OWED DIVORCED	Sept. 14, 1877	83 yrs. Manths Days Hours Mi
<ol> <li>USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)</li> </ol>	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign cou	12.CITIZEN OF WHAT COUNT
Service Station Ope	r. Own Busine	ss Pennsylvani	u s.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Daniel Buck		Susan Robinso	n
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		NFORMANT	1406 S Street. S.F
No	Mε	rtin Eugene Buck	- Washington 20.D.C
PART I. DEATH Enter only one couse property in the part is a part of the part	Arteriosclero	Throm posis	onset and deat
cause (o), stating the <u>under-</u> DUE TO (c)			Markey of the
CATIC			CONDITION GIVEN IN PART 1(0) 19. WAS AUTOI PERFORMED YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port	II of item 18.)
Hour o. m.	Od. INJURY OCCURRED 20e. PL /hile Not while work 0t work	ACE OF INJURY (Hame, farm, 20f. (City of tory, street, office bldg., etc.)	or town) (County) (SI
21. I certify that Lattended the decalive an 18 11 12 12 12 12 12 12 12 12 12 12 12 12	960, and that death	accurred at 300 M, fram t	the causes and an the date stated above, city or town, state)  Md. 11/19/60
NAME (Type)  22a. BURIAL, CREMATION, 22b. DATE THEREOF	asscer, M. D.	R CREMATORY 22d, LOCATH	ON (City, town, or county) (State)
Burial 11/22/60			
23. FUNERAL DIRECTOR'S SIGNATURE	Mt. Carmel	. Cemetery Uppe	
Ritchie BrosUpper		Morro	

TO HOSPITATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 (The death. Poget may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fifted with the registror prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B

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			Manager of the latest of	

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12889 CERTIFICATE OF DEATH

12878

			Reg. Dist. I	No.
o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	lived. If institution: Residence b	ofose admission)
	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	ite limits, write RURAL and give	nearest town)
d NAME OF HOSPITAL (If not in haspital, give street as OR INSTITUTION		d. STREET ADDRESS 2974Naylo	+ Rd. S.E	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type ar print) MAS COLOR OR RACE 7. MARRIE	Middle  Middle	Last 4. DATE OF DEATH  B. DATE OF BIRTH  9		Day Year 8 19 67 AR IF UNDER 24 HR
Female, White, WIDOWED		5/23/80	lost birthday) Months Day	ys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. K during most of warking life, even if retired)	IND OF BUSINESS OR IND	- Charleston.	ntry) 12. C(TIZEN	OF WHAT COUNTRY
James H. Martin.		E (izabeth W	rde	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC  (Yes, no, or upknown)   (If yes, give war or dates of service)	27-48-1710	So M. Deris Catherine -	4922 Jale 17	1 1/11
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	for (o), (b), and (c).]	- Congestine file		NTÉRVAL BETWEEN DNSET AND DEATH
gove rise to immediate cause (a), stating the under-lying couse last.				
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(d	19. WAS AUTOPS PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCR OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Part I or Port	Il of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour o. m. While of work	Not while	PLACE OF INJURY (Home, form, 20f. (City of factory, street, office bldg., etc.)	or town) (Coun	nty) (Stot
21. I certify that I attended the deceased olive on	and that dea	th occurred at 832M, from the ADDRESS (Street, M.D. 240(	he causes ond on the debet, city ar tawn, stote)	
20. BURIAL, CREMATION, 22b. DATE THEREOF, 1960	20 NAME OF CEMETERY	OR CREMATORY 22d. LOCATION OF CREMATORY MINERALLY MEMBERS AND MEMB	ON (City, town or county)  MELLY COUNTY	(Stops)
FUNERAL DIRECTOR'S SIGNATURE  LUMIN / WILL, 254 CA	ADDRESS SH NO	AL COATENOV 21 '60	AR 246 REGISTRAR'S SIGNA	TURE

in by the funeral director, and 2 shauld be filed with TO HOSPIXET OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 km may be retained by the haspital ar attending physician.

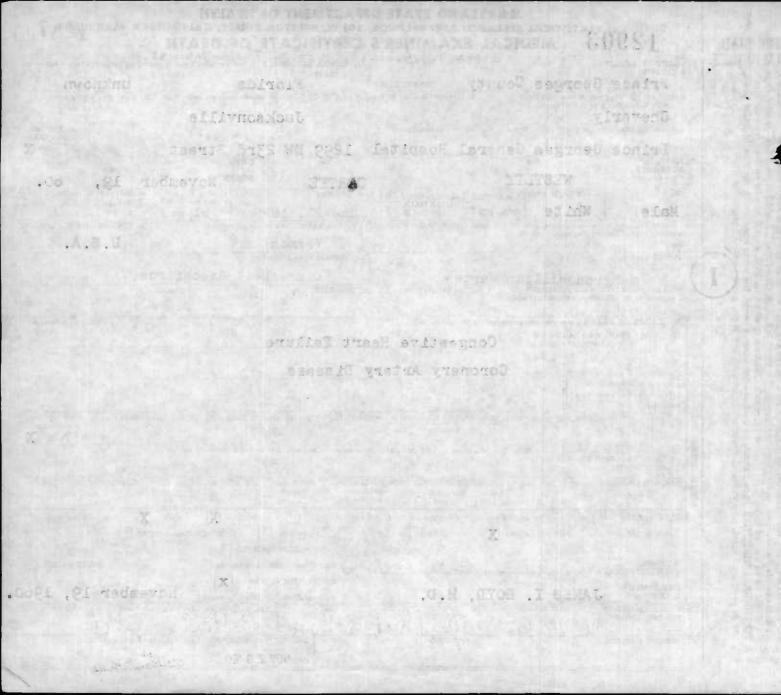
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 boxes, after death.

VS A1S (4) 1SM 9/SB

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Division of Statistical research and records, 301 W. Preston Street, Baltimore 1, Mary Lan FOR STATE 14 FilmG276 12-9-60 et USUAL RESIDENCE (Whara dacaasad livad, If institution, Rasidence before admission) . PLACE OF DEATH Page a. COUNTY lay is necularized director. Page for your files. e. STATE b. COUNTY Prince Georges County Florida MARYLAND unknown b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly Jacksonville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State Georges General 1299 YES NO NO Hospital 3rd NAME OF Middle DATE DECEASED OF the (Type or print) WESTLEY DEATH November 1960 with 6. COLOR OR RACE 7. MARRIED NEVER, MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. may 2 with s 1, 2, and 3 age 5 may 1 and 2 with 72 hours last birthday) nknown Hours Male WIDOWED DIVORCED June 2 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page Is I and dona during most of working life, avan if retirad) pencil in Item 18. Give Pages 1, ice along with form PM3. Page U.S.A. Vermont pages J3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Dell Riechfirce (?) Cartee William 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yas give wer or datas of servica) e along with ill-transit permit, and in any 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive Heart Failure IMMEDIATE CAUSE (a) Office levor DUE TO burial should Coronary Artery Disease Conditions, if any, which (b) gava rise to immadiata causa "pending" 40. Examiner's DUE TO (a), stating the undarlying be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY PERFORMED? the word Medical should be NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of item 18.) PRIMARY TI or CONTRIBUTING TI DEPUTY MEDICAL EXAMINER: TO DEFUIL TREASONS Writing the please execute the certificate, writing the 4 should be forwarded to the Chief Mr TO FUNERAL DIRECTOR: Page 3 should exemt. prior to burial, CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Yaar (Stata) Not Whila factory, street, offica bldg., atc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | 1. Inspection X death resulted from: Natural causes XI Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S BOYD, November 19. AMES M.D. NAME (Type) Addrass (Streat, city, town, or county) 22c NAME OF CEMETERY OR CREMATORY 22a. BURIAL CREMATION DATE THEREOF 22d. LOCATION (City, town, or country) (Stata) (REMOVAL (Spacify) 23. FUNERAL DIRECTOR REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATENOV 2 9 '60 5M 7/59 Onthon & Kines

MARYLAND STATE DEPARTMENT OF HEALTH



## FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are pay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Universal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filter.

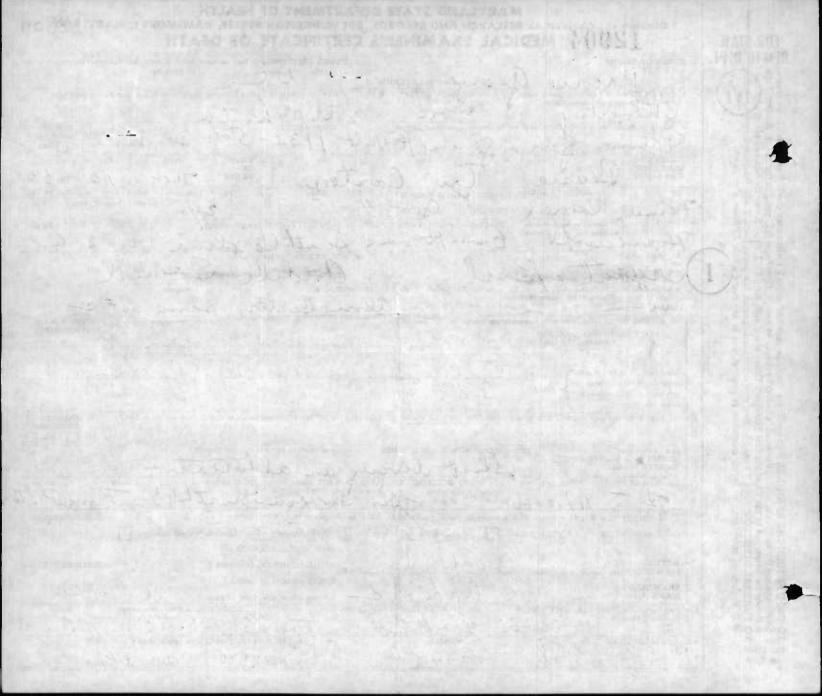
TO FUNERAL DIRECTOR: Page 3 should be used as a burish-transit permit. File pages 1 and 2 with the State Board Office the state design or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDS & ()
12904 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

•	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)
	o. COUNTY DAME O CHURCH MARYLAND	. e. STATE 6. COUNTY
	b. CITY OR TOWN (if outside corporate limits)   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	prije RURAL end give meeres! lown)	LUD T LITYD
d	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS
9	Process Comments of House	ON A FARM?
*	3. NAME OF First Middle	YES NO LA
	DECEASED (	Lesi 4. DATE Month Dey Yeer OF
	(Type or print) Vesse (a	ler DEATH 700 10 1960
	D. O.	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	thull califord widowed by by proced   17	7-13-31 2-9 yrs.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country)
	Housewift omn rows	South Coroline 1. S. C.
	No. FATHER'S NAME	IN. MOTHER'S MAIDEN NAME
	Bryon, Dell	ardell souell
_	(Yes, no, or unknown) (Ifyesgivewerordelesofservice)	NFORMANT Address
٩,	al al	Ino Carter same as # 2
9	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Hemorrh	pal and Shall ONSET AND DEATH
	981X DUE TO	
	Conditions, if any, which \ (b) Gun At	at wound of celetomen
	geve rise to immediate cause	
	(e), staring the underlying	
	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
7	OE TO	PERFORMED? YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING  CAUSE OF DEATH.	nter neture of injury in Pert I or Part II of Item 18.)
	PRIMARY FOR CONTRIBUTING CAUSE OF DEATH.	a O for a - O
	Janes Charles	CE OF INJURY (Home, ferm, '20f. (City or town), (County) (Stele)
	While Not While	pry, street, office bldg., etc.)
		Jaren hare Continuos.
	21. I certify that I took charge of the remains described above, he	
	death resulted from: Natural causes, Accident, Suici	
2		CHIEF MEDICAL EXAMINER
	SIGNATURE James J Joya	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINEN'S /	DEPUTY MEDICAL EXAMINER
1	NAME (Type) DAMES LIBY 4	Address (Street, city, town, or county)
	228 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (Stete)
	111-20-60 Gark Rd	Cemelery Charlolle, 1.C.
	23. FUNERAL DIRECTOR ADDRESS	240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	(N. J. Crouch 5/ Kay St.)	1. W. DATE NOV 21 '60   arthur & tircus



# FOR STATE HEALTH DEPT. 1. PLACE OF DEATH

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND AND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11 2 TIGHT DECIDENCE (Where decored lived if Institution, Basidana before adm

	o. country	e. STATE
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Truce gove
M	b. CITY OR TOWN (if outside component limits, yrite RURAL and give neeres lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neares town)
	Hillcrest Higher 10 years	Hillerest pleyels
	d. NAME OF HOSPITAL OR INSTITUTION (if not) in hospitel, give street eddress)	d. STREET ADDRESS  ON A FARM?
Ė	25/5 Garther Street	1 25/3 Gulker Street YES NO I
TO TO	3. NAME OF DECEASED A First Middle	Lest DATE Month Day Yeer
9	(Type or print) Clizabeth Florence	
affe	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
hours	tenale whit WIDOWED   DIVORCED	Que, 1411923 37 yrs. Months Days Hours Min.
2	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	RY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
72	done during most of working life, even if retired)	P . 7.5%
ig	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
3	1.5.00	9 J C 1.00 d
to )	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	INFORMANT Address
5	(Yes, no, or unkown)   (Ifyesgive wer or dates of service)	13 the Outlant
any	1 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),]	Jack are parent
2.	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
and	IMMEDIATE CAUSE (e) Technology	y Cama
-	DUE TO	
YOU	Conditions, if eny, which (b) congestive	I heart failure
191	geve rise to immediate cause (e), stelling the underlying DUE TO	
ō	cause lest. (c)	
ion,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
a A	Extensive osteo arl	PERFORMED?
		YES NO T
5	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	Enter neture of injury in Pert I or Pert II of item 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	ILS   NO
		Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
to burial,	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m.	Enter neture of injury in Pert I or Pert II of item 18.)
rior to burial, cre	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 20d. INJURY OCCURRED 20e. PLA feel feel work 19	Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) tory, street, office bidg., etc.)
prior to burial,	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA While Not While feel work 21. I certify that I took charge of the remains described above, he	Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) tory, street, office bidg., etc.)
prior to burial,	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA While Not While et work 21. I certify that I took charge of the remains described above, he	Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) tory, street, office bldg., etc.)  eld an Autopsy Inspection Inquiry and in my opinion cide Induire Inquire
agent, prior to burial,	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA While Not While feel work 21. I certify that I took charge of the remains described above, he	Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, ferm, tory, street, office bldg., etc.)  and an Autopsy Inspection Inquiry and in my opinion cide Induiry Undetermined manner CHIEF MEDICAL EXAMINER
ed agent, prior to burial,	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA feel work p.m. 19 while et work 21. I certify that I took charge of the remains described above, he death resulted from: Natural causes . Accident . Suice	Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)  and an Autopsy Inspection Inquiry and in my opinion  cide Indicate In
ed agent, prior to burial,	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA While Not While feel work 21. I certify that I took charge of the remains described above, he death resulted from: Natural causes . Accident . Suice EXAMINER'S	Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) tory, street, office bidg., etc.)  eld an Autopsy Inspection Inquiry and in my opinion cide Industrial Homicide Industrial H
designated agent, prior to burial,	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA While Not While et work 21. I certify that I took charge of the remains described above, he death resulted from: Natural causes . Accident . Suice ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)  and an Autopsy Inspection Inquiry and in my opinion  cide Indicate In
its designated agent, prior to burial,	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA While Not While feel work 21. I certify that I took charge of the remains described above, he death resulted from: Natural causes . Accident . Suice EXAMINER'S	Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) tory, street, office bldg., etc.)  eld an Autopsy Inspection Inquiry and in my opinion cide Industry Inquiry Additional Examiner Inquiry Assistant Medical Examiner Inquiry Date signed Deputy Medical Examiner Industry Indus
designated agent, prior to burial,	20c. TIME OF INJURY Month, Dey, Yeer While Not While feel work 20. PLA feel et work 20. PLA f	Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) tory, street, office bldg., etc.)  eld an Autopsy Inspection Inquiry and in my opinion cide Industry Inquiry And in my opinion cide Industry Inquiry
its designated agent, prior to burial,	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. 19 while et work et work 21. I certify that I took charge of the remains described above, he death resulted from: Natural causes . Accident . Suice Examiner's Name (Type) . A He S . Name (Type) . Name (Type) . A He S . Name (Type) . Name (Type) . A He S . Name (Type)	Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, ferm, lory, street, office bldg., etc.)  and in my opinion cide
its designated agent, prior to burial,	20c. TIME OF INJURY Month, Dey, Yeer While Not While feel work 20. PLA feel et work 20. PLA f	Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) tory, street, office bldg., etc.)  eld an Autopsy Inspection Inquiry and in my opinion cide Induiry American Inquiry American Inquiry Inquir

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the twent director. Page A chould be forwarded to the Chief Medical Faminer's Office along with form PM3. Page 5 may be retained for your files. VS. AI 5M 7

roll for less than a so exception a proportion of factors of the contract of t IN THE PERSON OF THE PERSON OF

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY b. CITY OR TOWN IIf outside corporate limits, write RURAL LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d give hearest town! d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital five street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 252 Central YES NO NAME OF DATE Middle Day Month Year DECEASED YOU COLLINS 29 November 19 60 fune (Type or print) Waldo Washington DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 5. SEX IF UNDER TYEAR IF UNDER 24 HRS. Months Days Male White Feb WIDOWED DE DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? N oud U.S.A. Retired Farmer Washington. Farmer pe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME moy pages Mary E. Hurtle John Westley Collins Pages Hurdle 50 Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give Same No 28-6 Mrs Ethel Brown (Dau) 88 PM3 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN 80 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) burial-transit DUE TO with Conditions, if ony, which gave rise to immediate cause along DUE TO (a), stating the underlying couse lost Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19. WAS AUTOPSY o PERFORMED? CATI NO F YES T CERTIFI 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) be CAUSE OF DEATH. should Exom 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Medical Not while g. m m at work ot work p. m forwarded to the Chief Media 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X, and find that deoth resulted from: Notural causes , Accident . Suicide | Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE O FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Chapel Seat Addison's Pleasant.Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) antimo S. Minus Lee Funeral Home - Washington.D.C. 5M 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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YLAND STATE DEPARTMENT OF HEALTH

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(County)

e. IS RESIDENCE ON A FARM?

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F UNDER 24 HRS.

PERFORMED?

(Stete)

NO NO

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DATE SIGNED

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Hours

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ALLE JAMES I. BOYD, N.D.

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12884

	12979	CERTIFICA	TIE OF DEATH				in	4007
1. PLACE OF DEATH o. COUNTY	Prince George	MARYLAND	2. USUAL RESIDENCE (WI	here deceased li	ved. If institution b. COUNTY	on: Residence befo	ore admissi	on)
RURAL ond give	(If autside carporate limits, write nearest town) 21 and	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		e limits, write Rl	JRAL and give ne	arest town	
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give stree		d. STREET ADDRESS 2124- Minn.		S.E.	41X-		DENCE FARM? NOTXIX
3. NAME OF DECEASED (Type or print)	First FRANK	Middle	DATTORE	4. DATE OF DEATH	Nov.			960
s. sex Male	6. COLOR OR RACE 7. MA White WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH July 3rd. 188		AGE (In years last birthdoy) yrs.	Months Days	Hours	R 24 HRS. Min.
during most of we Retired	TION (Give kind of work done loking life, even if retired)	. KIND OF BUSINESS OR INDI	Italy	or foreign coun	itry)	12. CITIZEN O	F WHATC	OUNTRY?
13. FATHER'S NAME Borsilo	Dattore		14. MOTHER'S MAIDEN I	Unk.				10
1S. WAS DECEASED EN (Yes, no, or unknown)	VER IN U. S. ARMED FORCES? 16 [(If yes, give war or dates of service)]		nformant rank V. Dattor	5951- re Marl	· 28th <sup>Addr</sup>	Ave/,S.E	•	
PART I. DI B B D Conditions, if gave rise to couse (o), stotin lying couse los	immediate DUE TO	Teneralije	darters	roses	eosis	ON 2	SET AND RUE 15 y	Ears
CATIC	THER SIGNIFICANT CONDITIONS					EN IN PART 1(o)	PERFO YES	AUTOPSY RMED?
OR CONTRIBUTION	WAS UNDERLYING 20b. DE NG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II	of item 18.)			
20c. TIME OF INJU Haur o. m p. m	n. Whil		LACE OF INJURY (Home, farm octory, street, office bldg., etc		town)	(County)		(Stote)
	hat (I) ( <del>this hospital</del> ) after eased alive an <u>11-14</u>		July 10 19 death accorred at 7 2			, 19 <i>60</i> , the		
22c. PHYSICIAN'S NAME (Type)		Eary Cleary	M.D. ATTENDING M.PHYS. 22d. ADDRESS 5556 S.	AED. HRECTOR []	STAFF □ ill Rd.	Nov SE Dis		h 196
23a. BURIAL, CREMAT REMOVAL (Special BURI & L	Nov. 9 -1960	St. Mary's	Demetery		ngton,		(Stote	e)
24. FUNERAL DIRECTO	7 100	1- Good Hope Re	250. REC	D BY REGISTRA		Hun S. Kra		

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous ofter death. Page 4 may be refained by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 3y the funeral director, page 3 should be detached far use as the burial-tronsit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, or remaval, and in any event, within 2 hours after death. VR A1S (4) ISM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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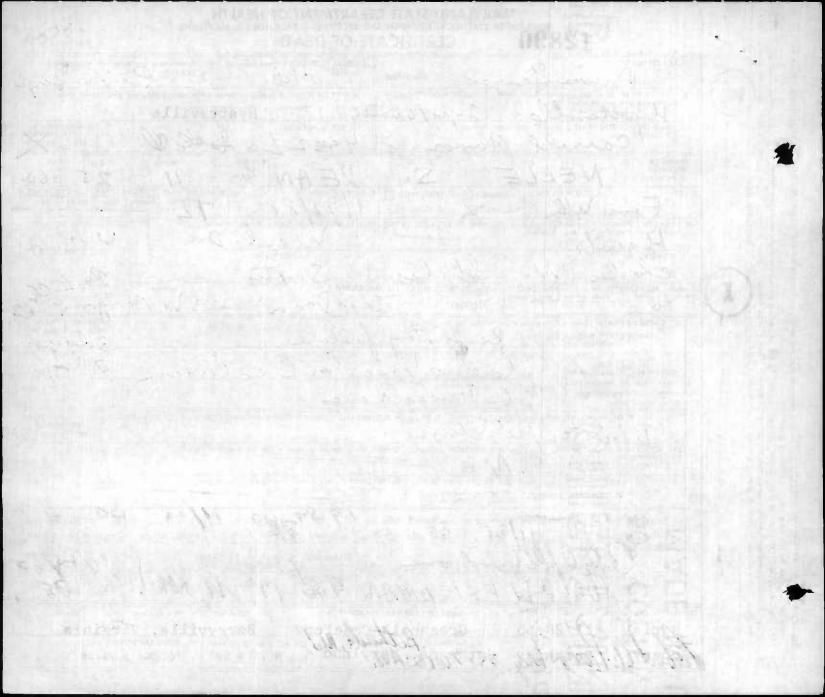
MARYLAND STATE DEPARTMENT OF HEALTH

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ARCH AND RECOR	RDS — BALTIMORE 1, MARYLAND	40000
FICATE OF	DEATH	12886

1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
lystande Lyrs/0 mon	Hyattsville
d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  OR OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS  4322 / g falle 10  e. IS RESIDENCE ON A FARM?  YES   NO.
3. NAME OF DECEASED (Type or print) NELLE S	DEAN 4. DATE Month Day Year OF DEATH // 2.5 1960.
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH  1 2 2 8 8  9. AGE (In yeors   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.    2 2 7 8 9
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
charles VI shiles	Safly Ro
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give wor or dates of service)	ene Dean 223 Willenger
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (a).]	MTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	failer ONSET AND DEATH
332 X DUE TO 0 1/1	0000
Canditions, if ony, which gove rise to immediate (b)	enta O cellision Swap
cause (o), stoting the under- lying couse last.	wals
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  Diobetes Mellitary	PERFORMED? YES NO NO
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	D. (Enter noture of injury in Port I or Port II of item 1B.)
Hour a. m. While Not while for	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f. (City or town) (Caunty) (State)
p. m, at wark at work	1001 11/25 60
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive an 11/41 19 6 and that a	death occurred at A.M., fram the causes and on the date stated above.
	M.D. PHYS. MED. STAFF PHYS.   1/2-5/6-
22c. PHYSICIAN'S NAME (Type) ADOLP H PRIEDIMA!	N 900-17 St NW Work DE
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	Cemetery Berryville, Virginia
ADDRESS POLICE ADDRES	ryland 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  CAN DATE NOV 2 9 '60 CAN S. Hours
The state of the s	1



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

The street of the MA and the Land process of the Land to the Land of the Land Total Control of the Control of the

3 shauld FUNERAL 10 VS A15 (4) 15M 9/5B

he registrar page

REMOVAL (Specify)
Burial

23. FUNERAL DIRECTOR'S SIGNATURE

Nov 28, 1960

F. Gasch's Sons Hyattsville, Md.

Parklawn Cemetery

24a, REC'D BY REGISTRAR DATEON 2 9 '60

Rockville, Md.

24b. REGISTRAR'S SIGNATURE arthur & House

e. IS RESIDENCE

Day

Days

(County)

US

ON A FARM? YES NO

Year

19 6

Hours

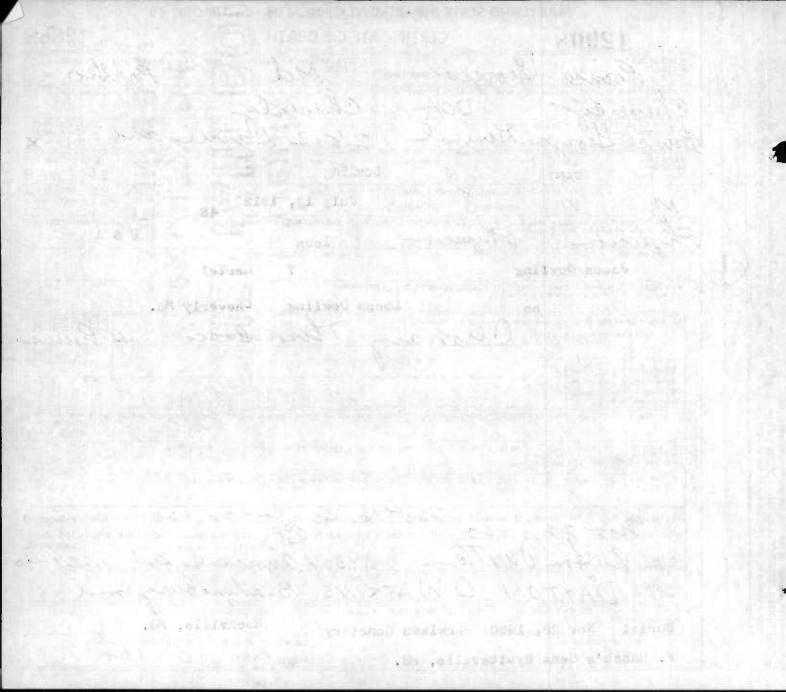
INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

(State)

12. CITIZEN OF WHAT COUNTRY?



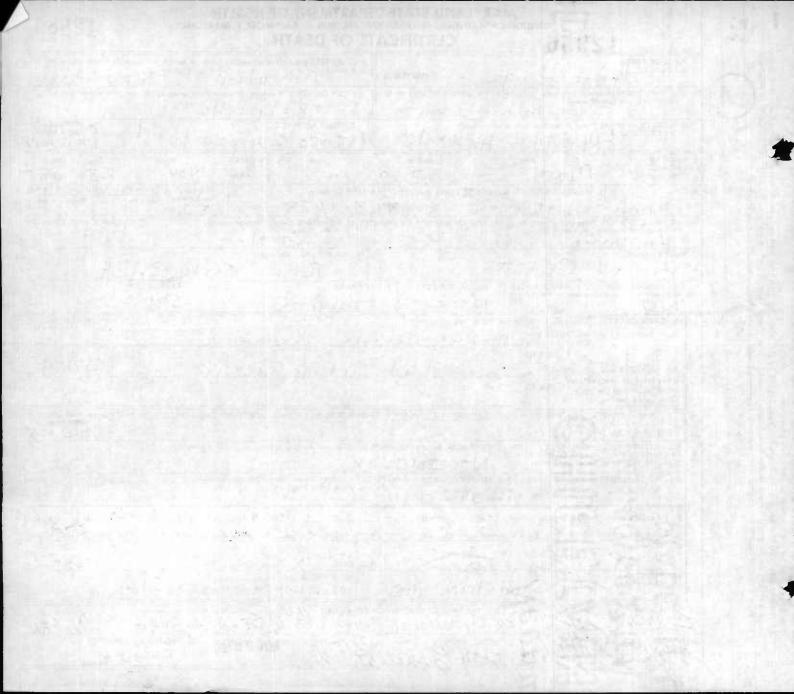
Ther press remove carban papers. Pages 1 and 2 should be filed with and in any Nent, within 72 hours after death.

ofter death. Page 4

TO HOSPIX OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 may be resolved by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. They proceed remove carban papers. Pages 1 of the State Board of Health priar to burial, cematian, ar remayal, and in any sent, within 72 hours after death. VR A15 (4) 1SM 9/59

1. PLACE OF DEATH  O. COUNTY Prince GRO 900 MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE MATY and b. COUNTY Pro-	e before admission)  Clear use
b. CITY OR TOWN (If outside corporate limits, white c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
- committee than Hospital	12030 Graponder Ka	YES NO D
3. NAME OF DECEASED (Type or print) Mary Eller DVD	A DATE OF DEATH NOV.	25 1960
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED  DIVORCED	B. DATE OF BIRTH  9. AGE (In years last birthday)  Months  7 yrs.	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12.CtTI2	EN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Russall Gossett	Jane Kirby Gosse	#
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ₽	NFORMANT Address	- (
NO NONE	Darghten Same	as
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	1 1 1	ONSET AND DEATH
2 MMEDIATE CAUSE (a) 11 (a) 11 (c)	ebtal Thrombosis	
DUE TO	9:1. (0)0-0:0	3 1/9115
Canditions, if ony, which gove rise to immediate (b) Glineralized	arterio Scherosis	3 3 44
couse (a), stating the <u>under-</u> lying cause lost.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
E Hypertension		PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter noture of injury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 while of work at work	LACE OF INJURY (Home, farm, cotory, street, office bldg., etc.) (City or town) (C	ounty) (Stote)
21. I certify that (I) (this haspital) attended the deceased fram.		
saw the deceased alive an Nov 25 1960, and that	death accurred at 221M, fram the causes and an the	
220. SIGNATURE R. H. Sandstrom	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	226. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) R. H. Sandstrom M.D.	10202 Lariston Lane, Silver	
230/ BURIAL, CREMATION, 236, DATE THEREOF 960 239 NAME OF CEMETERY CONSTRUCTION NOW 28, 1960 Streenlaum	DR CREMATORY GARDEN 23d LOCATION (City, town, or county) Memorial Garden SPARTAN BURG	(State)
24 PUNCHAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 254 Carroll	250. REGISTRAR 25b. REGISTRAR'S SIG	



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12947 **CERTIFICATE OF DEATH**

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Reg.	Dist.	No.	- 6	/	7	7	1	ã

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1. PLACE OF DEATH o. COUNTY	Prince Ge	orges	MARYLAN	0	SUAL RESIDENCE (W STATE Marylan		. If institution: Reside b. COUNTY	~	ission)
b. CITY OR TOWN RURAL and give r		s, write c. I	ENGTH OF STAY IN 1	b 63	CITY OR TOWN (IF		mits, write RURAL ond		
d. NAME OF HOSPI	TAL (If not in hospital, a	ive street oddre	ess)	d	STREET ADDRESS		7 40014	ON	A FARM?
3. NAME OF DECEASED (Type or print)	Alice	st .	Middle Bell		Lost Dunn	4. DATE OF DEATH	Month November	Day	Yeor 1960
5. SEX Female	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED	-	e of Birth	9. AC		R TYEAR IF UN	DER 24 HRS.
Housewi	ON (Give kind of work or king life, even if retired)	lone 10b. KINE	of Business or in At Home		1. BIRTHPLACE (Stote			TILLEN OF WHA	
13. FATHER'S NAME	<b>63 44 .</b> 3			14.	MOTHER'S MAIDEN				
John 15 WAS DECEASED EV	Clatterbu ER IN U. S. ARMED FOR		AL SECURITY NO. 17	, INFORM	Sara	ih ?	Address		
No No	(If yes, give war ar dates of se	rvice)	None	_	enjamin	F. Dunn		Ave.	
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the <u>under-</u> DUE TO		teri	.0	atii 8	11-	-+ D.		
2	HER SIGNIFICANT CON			V I				PERF	ORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUI	RRED. (Ente	r noture of injury in	Port I or Port II of	item 18.)		
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yea	While of work	Not while	PLACE OF foctory, st	INJURY (Home, form reet, office bldg., etc	n, 20f. (City or to	vn)	(County)	(Stole)
21. I certify the alive on	hat I oftended the	,	rom. $9 - 26$ $\Rightarrow$ , and that dec		1960, to \	M, from the		the date sta	ted obov
ACTUAL	2/0	17	4 0	M.D	4314 (	ADDRESS (Street, of	TIP ST	- 14/1.	DATE SIGNE
PHYSICIAN'S NAME (Type)	Dr. Aaron	Dei	z, M. D.		TAYE	SULLI	E MI	0.	
220. BURIAL, CREMATIC BULL 1	11/21/	1	NAME OF CEMETERY		MATORY		City, town, or county)		ote)
23. FUNERAL DIRECTOR	'S SIGNATURE	00	ADDRESS	O.L.II	24a. REC'	D BY DECICTBAR	24b. REGISTRAR'S S		and
W. W. C	HAMBERS C	O. F	Riverdale	. Md	PATENO"	V 2 3 '60	Cithur S.	Traut	

page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. may be considered by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSP VS A15 (4) 15M 9/5S

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Salameburg, Magazine	E CONTRACTOR AND INC.	Ingel (Magazine)		La Pitti

#### CERTIFICATE OF DEATH 12952filed-with director death. Page 1. PLACE OF DEATH o. COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 pe RURAL and give negrest town) ס d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 3. NAME OF Middle DATE DECEASED OF (Type or print) Pages DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED TH DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician гетоме hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes no or unknown) (If yes, give wor or dates of service) attending the death 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** that à Conditions, if any, which gove rise to immediate DUE TO De d cause (a), stating the underansit. lying couse lost. NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED use factory, street, office bldg., etc.) Hour o. m. While Not while 19 of work of work p. m far 1960 21. I certify that I attended the deceased fram, be detached burial, and that death accurred at 4 A alive an OR: DIRECT ACTUAL prior shauld PHYSICIAN'S NAME (Type) FUNER HOSP 3 22a. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR GREMATORY eSpd REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR

VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) IS RESIDENCE ON A FARM? YES NO Day Year 1961 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthdoy) Months Doys Hours yrs 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH mm PERFORMED? YES NO Z (County) (Stote) 1960 that I last saw the deceased \_M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) 1246. REGISTRAR'S SIGNATURE '60

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CEPTIFICATE OF DEATH

12892

	12010	CERTIFIC	AIL OI DLAIII	Reg. Dist. N	lo.
1. PLACE OF DEATH g. COUNTY	Prince Georg	es maryland	2. USUAL RESIDENCE (Where decease o. STATE Virginia	d lived. If institution: Residence be b. COUNTY	fore admission)
RURAL and give n	If outside corporate limits, writed rest town)  Springs	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor		nearest town)
OB THISTITUTION	TAL (If not in hospital, give str OSpital Andrew		d. STREET ADDRESS 1413 Cavlie	r Corridor	e. IS RESIDENCE ON A FARM YES NO
NAME OF DECEASED (Type or print)	First Mattie	Middle B	Lost 4. DATE OF DEATH	Month November	8 19 6
Female	Can	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH ZZ SEP 1897	9. AGE (In years lost birthday) Months Days	AR IF UNDER 24 H
SALE	ON (Give kind of work done taking life, even if retired)	06. KIND OF BUSINESS OR INDI	0.10	OWAL. 12. CITIZEN	OF WHAT COUNT
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
	<u></u>	WALK	UNKNOWN		
S. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		COL BRADLEY	1413 CAVLIER	CORR.
couse (o), stoting lying couse lost.  PART II. OTI  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	(c)	ns <u>Contributing to death</u> bu	T NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(6)	19. WAS AUTOF PERFORMED' YES NO
	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I or Por	t II of item 18.)	
20c. TIME OF INJUI Hour o. m. p. m.	W		LACE OF INJURY (Home, form, 20f. (City actory, street, office bldg., etc.)	y or town) (Caunt	y) (Sta
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	not I attended the deconomic of the November 1  Coul School Betti  Paul Bitti	960, and that deat	h accurred at 4/50 PM, fram	the causes and an the datreet, city or town, state)	
20. BURIAL, CREMATIC REMOVAL (Specify)		22c. NAME OF CEMETERY	OR CREMATORY 22d 100A	TION (City, town, or county)	Ela hor
3. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS 816-H.	St. NE DATE NOV/9	TRAR 246. REGISTRAR'S SIGNAT	

W/ASH. 2, U.S.

TO HOSPU. OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 mess ofter death. Page 4 may be reformed by the haspital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, ar removal, and in any event within 72 hours after death. VS A1S (4) 1SM 9/SB

12UZI The Area of the Control of the Contr Washington St. SALE PROVIDE FITTE SECURISE SASSI Time the Francisch Hours Six the Will Street P.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an expensive please execute the certificate, writing the word "pending" in pendil in Item 18. Give Peges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in an event within 72 hours after death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12909 MEDICAL EXAMINER'S	
1. PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmissi
Prince Georges County MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	D. C. None
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly	Washington
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  e. IS RESIDEN ON A FAR
Prince Georges General Hospita	
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) GERMAINE CATHERINE	FREDERICK DEATH November 22, 1960.
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HE
Female White WIDOWED DIVORCED	July 10, 1903 57 yrs. Months Deys Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Clerk U.S. Gov't.	Washington, D. C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John C. Reuter	Jennie Cain
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address 1909 P St., S.
(Yes, no, or unkown) (Ifyes give weror detes of service) unknown L	ouis P. Frederick, Washington, D. C
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occ	LUBION
Condition if any which a Hypentanel on	Heart Disease
geve rise to immediate causa	near t Disease
(e), steting the underlying DUE TO	
cause lest.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOP.
FAXI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH SOLIT	PERFORMED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PART III. OTHER SIGNIFICANT CONTRIBUTION CONTRIBU	YES NO
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURED.	(Entar neture of injury In Part I or Part II of item 18.)
	LACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) actory, street, office bldg., atc.)
p.m. 19 et work at work	
21. I certify that I took charge of the remains described above, I	held an Autopsy, Inspection, Inquiry, and in my opinion
death resulted from: Natural causes X, Accident , Su	icide . Homicide . Undetermined manner .
	CHIEF MEDICAL EXAMINER
SIGNATURE CONTROL TO	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S JAMES T BOYD M D	DEPUTY MEDICAL EXAMINER NOTEMBER 22 106

NAME (Type)

220. BURIAL, CREMATION, 1226. DATE THEREOF

Addrass (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or country) (Stete)

NOV 2 8 '60 24a.

24b. REGISTRAR'S SIGNATURE

Orthur S. Henry

Erigos Georges County THE THE THE Prince George Coneral Housital (1962 P Street S. E. OFFICE CATHERINE TRIBUTED WOLLDON OF THE PROPERTY OF THE PROPERTY OF THE ORIGINAL PROPERTY OF TH seasle thite were to taly 10, 1903 57 2010 dennie Cain 18. 178 9 000 ic done values Louis P. Frederick, Westington, D. C. TOLENION THE COMOU Syperiencien Peart Disease TAME TYPE I BEHALL Worker 22, 1990. THE MEDITINE LIDELY AND A MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4 should be latian. C may 950 Give burial-transit with lang 0 Office OS Exam 3 shauld cute for Certificate, writing the w farwarded to the Chief Medical TO FUNERAL DIRECTOR: Page 3 st VS. A15ME(S)

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	REAL METERS	DO THE REAL PROPERTY.	

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 10/60 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) . COUNTY Page files. Health, b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) director. write RURAL and give needest lown) for your of d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO F 3. NAME OF Middle Last 4. DATE Month Year DECEASED OF the (Type or print) DEATH after 19 60 with 6. COLOR OR RACE 7. MARRIED THEYER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 will and 2 wi lest bigthday) Months WIDOWED DIVORCED yrs. opages, and within you USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRIHPLACE (State or foreign CITIZEN OF WHAT COUNTRY? done during most of working life, egen if ratired Give Pages 1, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File form 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yesgive warprdates of service) 18% CAUSE OF DEATH [Enler only one cause per line for (e), (b), end (c)/ INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 6 IMMEDIATE CAUSE (e) in pencil noval, DUE TO Conditions, if any, which (b) gave rise to immediate cause 10 DUE TO (e), steting the underlying 98 Examiner 9 cause last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY CERTIFICATION PERFORMED? 99 the word Medical NO V I'Y MEDICAL EXAMINER: This should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY TO OF CONTRIBUTING T CAUSE OF DEATH. DEPOT I preserve the certificate, writing should be forwarded to the Chief should be sh CAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) Month, Day, Yeer 20d. INJURY OCCURRED (County) (Steta) fectory, street, office bldg., etc.) While Not While of work et work 21. I certify that I took charge of the remains described above, held an Autopsy 11. Inspection 12 6 Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEP 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 240 g Burial Arlington Nat'l. Cemetery Fort Meyer. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE NOV 1 6 '60 5M 7/59 Circling & Kinger

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e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

22b, DATE SIGNED

(Stote)

Day

Days

(County)

1960, that (1) (we) last

ON A FARM?

YES NOTE

Year

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Prince George c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainier 1113 Rainier 4. DATE Month OF DEATH 11-10-60 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHBLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Myocardial Infarction- left Ventricle **DUE TO** Conditions, if any, which Arteriosclerotic Heart Disease gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a. m While Nat while at wark at wark p. m. 21. I certify that (I) (this hospital) attended the deceased fram.\_ , and that death accurred at 12 M. from the causes and an the date stated above. saw the deceased alive an 22a. SIGNAZURE M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 3408 Rhode Island NAME (Type) Levitsky Leon R. 23a. BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) REC'D BY REGISTRAR DATE 4

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#### FOR STATE HEALTH DEPT.

TO DEFECT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Carlor director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fife pages 1 and 2 with the State Board of Theelith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A1SME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

Div

ision of STATISTICAL RESEAR	CH AND RECORDS, 3	01 W. PRESTON STREE	T, BALTIMORE 1,	
12913 MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	12897

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution; Rasidance bafore edmission)
Prince George MARYLAND	Maryland Prince George's
b. CITY OR TOWN (if outside corporeta limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Cheverly D.O.A.	(C) Camp Springs.
d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitat, give straet eddrass)	d. STREET ADDRESS
Prince George General Hospital	5202 Stanhaven Rd.
3. NAME OF First Middle	Lasi 4. DATE Month Dey Year
(Type or print) MARY AGNES	GREEN OF DEATH November 13, 19 60.
	. DATE OF BIRTH 9. AGE (In yeers IF UNDER TYEAK) IF UNDER 24 HRS.
Female White WIDOWED X DIVORCED	Sept. 12,1890 70 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired)	
Clerk U.S. Goy't.	Washington, D.C. yes.
James Sullivan  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17, 11	Mary Shahan NFORMANT Address
(Yes, no, or unkown)   (Ifyesgivewerordatesofservice)	5202 Stanhaven Rd
no 577-38-1748 1	Thomas F. Wert, Jr. Wash. P. C. BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) CCCCCC	gestive heart future
TAO DUE TO	
Conditions, if any, which gave rise to immediate cause	occurion
(e), stating the undarlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RÉLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	YES NO
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUT	nter netura of injury in Pert I or Part II of item 18.)
CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, ferm, 20f, (City or town) (County) (State)
Hour a.m. While Not While factor et work et work	iry, arear, office order, arch
21. I certify that I took charge of the remains described above, hel	ld an Autopsy . Inspection . Inquiry and in my opinion
death resulted from: Natural causes [ Accident ]. Suicident	de . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINSR
ACTUAL A A A A A A A A A A A A A A A A A A	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE	M.D.
NAME (1/00) JAMES I. BOYD, M. D.	Address (Street, city, town, or county) November 14, 1960.
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	22d. LOCATION (City, lown, or country) (Stele)
Burial 11-17-60 Arlingtor	n National Arlington Va.
23. FUNERAL DIRECTOR OLGENSY - ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
James T.Ryan, Inc. 317 Pa.Ave., SE	DC3 DATENOV 16'60 Stribus & Krous
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202 Stechnyon Fg Wash. D.O.	. I. Mert, Jr.	naiorii I	M*1-88-	N. P.		
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		don wheth			1.79	Harrie .
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CERTIFICATE OF DEATH

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	12974		CERTIF	ICAI	E OF DEA	ПП		Reg. Dis	st. No.	
PLACE OF DEATH o. COUNTY Prince	George's		MĄRYL	AND 2.	usual residence o. STATE Mary	(Where decease	ed lived. If institu b. COUNT	w	Geo.	nission)
b. CITY OR TOWN (If RURAL and give new West Hva			ENGTH OF STAY I	N 1b	West Hy		orote limits, write 11e Md.	RURAL and g	give nearest le	own)
d. NAME OF HOSPITA OR INSTITUTION 1417 Madi	AL (If not in hospital, g	give street addre	955)		d. STREET ADDRES		Street		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Iola	rst	Middle	Gr	Lost iffiths	4. DATE OF DEATH		nber	Day 18,	Year 19 60
female	6. COLOR OR RACE white	WIDOWED X	•	O N		883	9. AGE (In years lost birthdoy) 76 yrs	Months	Days Hou	
Oa. USUAL OCCUPATIO during most of worki	ing life, even it refired	)	of Business Or home	NDUSTRY	11. BIRTHPLACE (S	Maryla		12. CITI	S A	T COUNTRY
13. FATHER'S NAME	George Pea	acock		1	Elizabe		by			
S. WAS DECEASED EVER (Yes, no, or unknown)	IN U. S. ARMED FOR f yes, give war or dates of s	ervice)	AL SECURITY NO.  10 0150		rmant elma Peac	ock	West Hy	dress attsv	ille,	Md.
	TH [Enter only one co 'H WAS CAUSED BY: IMMEDIATE CAUSE (c		(o), (b), and (c).]	RO	AL I	NEAR	CTION		ONSET AN	BETWEEN ND DEATH
Conditions, if on gove rise to im couse (o), stoting t lying couse lost,	mediate (	ARTI	ERIOSCA	LERG	TIC HI	SART	13126	ASE	YE	ARS
CAIR	ER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEA	TH BUT NO	FRELATED TO THE TE	ERMINAL DISEA	SE CONDITION G	IVEN IN PART	PER	AS AUTOPSY RFORMED?
(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED. (E	nter noture of injury	y in Port I or Po	rt II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While	Y OCCURRED :		OF INJURY (Home, , street, office bldg.,		y or town)	(0	County)	(Stote
21. I certify the olive on	Henry R	, 1260 R. V			, 1956, to curred at 9,0	SPM, from ADDRESS (SHER ()		nd on the	date stat	
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Nov 22	220	George		**************************************	22d. LOCA	TION (City, town,	or county)	(S	itote)
23. FUNERAL DIRECTOR'S F. Gasch	SIGNATURE		ADDRESS ille Md.			NOV 2 2	TRAP 246. REG	ISTRAR'S SIC	NATURE	

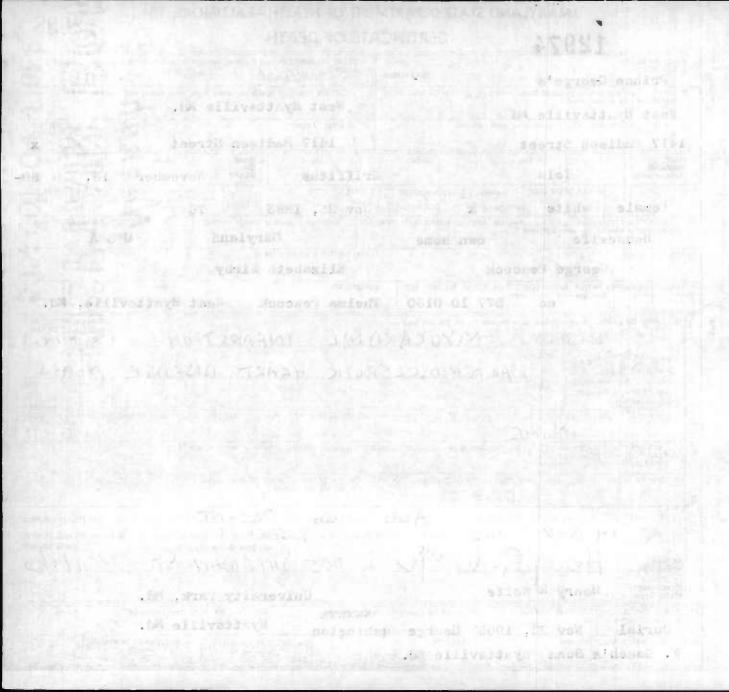
may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. uned by the haspital ar attending physician. VS A1S (4) 1SM 9/SB

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 his

TO HOSPIT

after death. Page 4



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1	D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon-pagers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
OSPI	State	
HO	Pog the	
TO HOSPIC OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be recaised by the haspital ar oftending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled F. by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbop-pegers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.	
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	PLACE OF DEATH o. COUNTY Prince	George's	MARYLAND	2. 1	ISUAL RESIDENCE (Who state Marylan		lived. If institution b. COUNTY	n: Residence b		
-		Foutside corporate limits, w	rite c. LENGTH OF STAY IN 16	+	. CITY OR TOWN (If ou		te limits write PI			0
	RURAL ond give ne	arest town)	2 weeks	1			Olive, and	SAFE ONG GIVE	1100.001 10	.,
_	Chever	LY AL (If nat in haspital, give s	A	10	Univers	ity Pa	rk		I to DE	FIDENICE
	OR INSTITUTION				d. STREET ADDRESS					A FARM?
	Prince	George's Ger	eral Hospital		144TO CC	pesvil	le Road		YES	NO []
	NAME OF DECEASED (Type or print)	First Lillian	Middle B (	irub	lost	4. DATE OF DEATH	Nov. 1		Day	Year 1960
S.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DA	TE OF BIRTH	9	. AGE (In years	IF UNDER 1 YE	AR IF UND	ER 24 HRS.
	Female	White wi	DOWED A DIVORCED	10	16/84		last birthday)	Manths Day	s Hours	Min.
10c	. USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF BUSINESS OR INDI	USTRY	11. BIRTHPLACE (State of	r foreign cou	ntry)	12. CITIZEN	OF WHAT	COUNTRY?
	during most of wark	7.7			T3			US	A	
13	FATHER'S NAME	Housewife	own home	14	MOTHER'S MAIDEN NA	AME		0 3	A	
١٠,	TATTLE S TANKE			1.7						
_			Burley			ily	7			
		R IN U. S. ARMED FORCES? If yes, give war or dates of service		INFOR			Addr			
		no	none	Wil	burt Lee P	rice	Arling	ton Vi	rginia	a
7	Conditions, if or gave rise to in couse (a), stating thing couse lost.	the under-	Tyo cardial or or or or or or	zol te	infaction is sale	r, po	sterre	2	ONSET AND	
CATIO	PART II. OTH	ER SIGNIFICANT CONDITION	ONS <u>CONTRIBUTING TO DEATH</u> BU	IT NOT	RELATED TO THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PART 1(d	PERFC	DRMED?
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   206   CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURR	ED. (En	ter noture of injury in Po	ort 1 or Port I	I of item 18.)			
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	10	20d. INJURY OCCURRED 20e. P While Not while t work at work	LACE ( actory,	DF INJURY (Home, farm, street, affice bldg., etc.)	20f. (City o	or town)	(Caun	ty)	(Stote)
		t (I) (this hospital) of ed alive an Plan  Dr. Louis I	Mendel		accurred a 7.55	M, fram the	STAFF PHYS.		ite stated	abave.  2b. DATE SIGNED
230	BURIAL, CREMATION	N. 236, DATE THEREOF 11/14/60	23c. NAME OF CEMETERY O		MATORY		ON (City, town, chington ]		(Sto	te)
24	FUNERAL DIRECTOR'S	s SIGNATURE	ADDRESS Hyatt	svi		BY REGISTRA	100	STRAR'S SIGNA		

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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HOS	FUN D	age	e Sto
10	E 0	b	ŧ
TO HOSPICOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4	For TO FUNERAL DIRECTOR: After this certificate has been sign	93 page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with	

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPH

	2.00.00	
1.	PLACE OF DEATH o. COUNTY  PANCE  O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before or o. STATE b. COUNTY  D.	dmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest RURAL and give nearest town)  C. LENGTH OF STAY IN 16  C. LENGTH OF STA	town)
	OR INSTITUTION	S RESIDENCE ON A FARM? ES NO
3.	NAME OF DECEASED (Type or print)  Name OF DECEASED (Type or print)  Name OF DeceaseD (Type or print)  A DATE Month Doy Death   7	Year 1966
	WIDOWED   DIVORCED   00/ 1/909   3/ yrs. / /3	ours Min.
	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)  ### A R 1 / / # IV.D 12. CITIZEN OF WHAT INDUSTRY 12. CITIZEN OF WHAT INDUSTRY 13. BIRTHPLACE (State or fareign country)  #### A R 1 / / # IV.D	AT COUNTRY
13	G-EURGE E. BOYER MINNE	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  NO. or unknown)  If yes, give war or dates of service)  Address  Address  Address  Address  Address  Address  Address  Address	D
		AND DEATH
	Conditions, if ony, which ) (b)	
	gove rise to immediate couse (a), stating the <u>under:</u> lying couse lost.  C)	
CATION		PERFORMED?
CERTIF	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port It of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED While of work at	(State
	21. I certify that (I) (this haspital) ottended the deceased from Octo	
	22a. SIGNATURE WILLIAM C. Charlydown. ATTENDING MED. STAFF DIRECTOR PHYS.   11-1;	22b. DATE SIGNE 7 - 60
	22c. PHYSICIAN'S NAME, (Type) AM C. WEINTRAUD, M.D. 22d. ADDRESS G-REUBELT, Maryla.	nd
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) BURIAL (Specify) BURIAL (PROPERTY OF CREMATORY 23d. LOCATION (City, town, or county) BURIAL (PROPERTY OF CREMATORY 23d. LOCATION (City, town, or county)	(State)
24	EXPRALDIRECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE  250. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE  250. REC'D BY REGISTRAR'S SIGNATURE  250. REC'D BY REGISTRAR'S SIGNATURE	

#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLANDO MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY director. Page Health b. COUNTY necessary, files. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (I outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town) Your of for d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress d. STREET e. IS RESIDENCE ON A FARM? YES NO Z NAME OF DATE DECEASED OF the (Type or print) DEATH 19 6. COLOR OR RACI AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED 2 wif 5 m and 2 w last birthday) pue Months WIDOWED -DIVORCED USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Pages touseur pages 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (Ifyesgive war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO burial Conditions, if eny, which (b) "pending" geve rise to immediate ceuse 60 DUE TO (e), steting the underlying Examiner' 35 cause last. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Word 9 NO pluods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (Steta) factory, street, office bldg., etc.) While Not While Hour a.m. the et work at work prior p.m. execute the certificate, OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | 0 and in my opinion MEDICAL. agent, should be forwarded FUNERAL DIRECT death resulted from: Natural causes Accident Suicide Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type Ò Address (Street, city, town, or county) DEP ease 22c. NAME OF CEMETERY OR CREMATORY 22a, 8URIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) (Stete) Burial (Specify) 11/15/60 Cedar Hill Suitland. Md. OH 240 ADDRESS 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME NOV 1 6 '60 Hyattsville, Md. F. Gasch's Sons Circhus S. Kraus 5M 7/59 DATE

ALTER WILLIAM BY WASHINGTON TO THE STREET OF SECTION  PLACE OF DEATH .. COUNTPrince Georges

RURAL and give nearest lawn)

b. CITY OR TOWN (If outside corporate limits, write

MARYLAND

C. LENGTH OF STAY IN 16

o. STATE Maryland

e. IS RESIDENCE ON A FARM? YES NO

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Year

1960

Reg. Dist. No

Months

b. COUNTYPrince Georges

Doy

Days

(County)

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

I director, filed with

FUNERAL 0 VS A15 (4) 1SM 9/55

Rogers Heights

d. NAME OF HOSPITAL (If not in hospital, give street address) Rogers Heights
d. STREET ADDRESS 5020 5020 56 Avenue NAME OF 4. DATE First Middle Month (Type or print) Glenn DEATH Audleigh Hynson November 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH DIVORCED [ WIDOWED | Male 60 yrs. Whi te 1900 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Electrician
13. FATHER'S NAME Richmond County, Va. 14. MOTHER'S MAIDEN NAME Addison Glenn Hynson Laura Belle Lampkin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No 18. CAUSE OF DEATH [Enter only one couse per line for scular accident PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Canditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Doy, Year foctory, street, office bldg., etc.) Haur o. m. While Not while of work of work 71960 that I last saw the deceased 21. I certify that Lattended the deceased fram, Li DeM, from the causes and an the date stated abave. alive on and that death accurred at. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) Rosenberg M. A. 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Lincoln Cem Fort Washington 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE NOV 2 9 '60 arthur & Horana Chambers

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# FOR STATE HEALTH DEPT TO DEFITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an Alay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the inneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. age 5 may be retained for your fires. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State Board of Thesh or its designated agent, prior to burial, cremetion, or removel, and in any event within 72 hours after death. 0

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12908

	PLACE OF DEATH     COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution: Res. STATE	esidence before edmission)
	Prince George's MARYLAND		~ .
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)  MARYLAND  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end	ce George's
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	min Beltsville	74-
17	Prince George's eneral Hospital	11907 Ellington Drive	ON A FARM? YES NO X
	3. NAME OF First Middle Middle (Type or print) Clarence Joh	Lest 4. DATE Month OF	Day Yeer
-			19,19 60
	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO DIVORCED DIVORCED DIVORCED		YEAR IF UNDER 24 HRS. Deys Hours Min.
1	10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTI	2001	ZEN OF WHAT COUNTRY?
	done during most of working life, even if refired)  Intant  None		S. A.
	13. FATHER'S NAME	Maryland T	Le Ne He
	Elmore Johnson	W	
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Margaret Thomas	
	(ITyesgive weror detes of service)	largaret Helena Thomas, sam	ne as # 2
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmonary edem	la.	ONSET AND DEATH
	R720 DUE TO		
	Conditions, if ony, which \ (b) Salicylate poi	soning	
	geva rise to immediate cause	Soliting	
	(a), steting the underlying DUE TO		
	cause lest. (c)	A S API A SPECIAL STATE OF THE	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
			YES NO
	PRIMARYY or CONTRIBUTING	(Enter nature of injury in Part I or Part II of item 18.)	
, :	20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED 20c. PLA	CCV 2 tes ACCO NURY (Home, farm, 20f. (City or town) (Coun	ty) (State)
5	Hour e.m. While Not While	tory, street, office bldg., etc.)	()
1			G. Md
	21. I certify that I took charge of the remains described above, he		and in my opinion
	death resulted from: Natural causes, Accident, Suice	cide, Homicide, Undetermined manner	X
		CHIEF MEDICAL EXAMINER	
	SIGNATURE STATES TO THE	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINEDS	DEPUTY MEDICAL EXAMINER X	ber 19, 1960
	NAME (Type) James I. Bovd	Address (Street, city, town, or county)	201 17, 170
2	20. PORIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OF	R CREMATORY  22d, OCATION (City, town, or equatry)  ational Irlington (Ling)	Grate)
	23. FUNERAL DIRECTOR Hashington who 4925 Deine Ora	7 S. 240. NEO BY REGISTRAR'S SIG	SMATURE
		DATE	

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CERTIFICATE OF DEATH

-L 14	17 14 17									
1. PLACE OF DEATH o. COUNTY				11	USUAL RESIDENCE	E (Where dece	ased lived. If	institution:	Residence befo	ore admission)
Prince	e George		MARYI	LAND	Md.		D. C	Pri	nce Ge	orge
b. CITY OR TOWN (If our RURAL ond give neares Cheve	t town)	ts, write	c. LENGTH OF STAY I	IN 16	c. CITY OR TOWN		rporote fimits	write RURA	L ond give ne	arest town)
d. NAME OF HOSPITAL (I					d. STREET ADDRE		Ave.	10.1		e. IS RESIDENCE ON A FARM?
Prince	George	Gener	al		2000	Date of	A.c.			YES NO
3. NAME OF DECEASED (Type or print)	Fir		Middle G.		Kohler	4. DAT OF DEA		Month	Dc	y Year 1960
5. SEX 6.	COLOR OR RACE White	7. MARR	DIVORCED		10-26-91		9. AGE (I last bit	n veors IF	UNDER 1 YEAR onths Days	Haurs Min.
10a. USUAL OCCUPATION (during most of working)	life, even if refired		KIND OF BUSINESS OF		11. BIRTHPLACE	(State or fareig	n cauntry)	7	12. CITIZEN O	F WHAT COUNTRY
3. FATHER'S NAME	, u	- 04.03	onery Dig.		MOTHER'S MAI					
Unknown						a Mill	er			
15. WAS DECEASED EVER IN			SOCIAL SECURITY NO.	17. INFOR				Address		
(Yes, no, or unknown) (If yes	s, give war or dates of so	ervice)		Ella	Hedges	Chev	erly,	Md.		
Conditions, if ony, gove rise to imme couse (a), stoting the lying cause lost.	diote (	3	p:des	ne o	poner	re.	Po the	Eglo	Lung	SET AND DEATH
CAT		DITIONS <u>C</u>	ONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE	TERMINAL DISE	ASE CONDIT	ION GIVEN	IN PART 1(o) 1	PERFORMED? YES NO
200. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH I	20b. DESC	CRIBE HOW INJURY OC	CURRED. (E	nter nature of inju	ry in Part I or	Part II of item	18.)		
20c. TIME OF INJURY A Hour a. m. p. m.	Aonth, Day, Yea	While at work	Not while	20e. PLACE factary,	OF INJURY (Home street, office bldg	, farm, 20f. (6 j., etc.)	City or tawn)		(County)	(State
21. I certify that (1) saw the deceased		attend 24	/ .		h accurred at	9:051, Are	Mahe cau	ses and a		nat (I) (we) las stated abave
22a. SIGNATURE	Jeet	le	10.	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		11	226. DATE SUCHE
22c. PHYSICIAN'S NAME (Type)	1 Dei	+2	Just	3	22d. ADDRESS	Hsvi	lles	Md		
	23b. DATE THEREO	F	23c. NAME OF CEME	TERY OR	EXATORY	23d. LO	CATION (City	town, or co	ounty)	(Stote)
REMOVAL (Specify) Burial	Nov 26,	1960					itland			
24. FUNERAL DIRECTOR'S SIG	GNATURE		ADDRESS			REC'D BY REC	SISTRAR 25	b. REGISTRA	R'S SIGNATU	RE
. Gasc	h's Sons	Hya	ttsville,	Md.	DAT	E NOV 2 9	'60	and	of S. Koras	MA

ely filled m by the funeral directar, Pages 1 and 2 should be filed with rs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP VR A1S (4) 15M 9/59

- W. 1-4 ST 1088 But the learner that the last A CONTRACTOR OF THE PROPERTY OF THE PARTY OF this bundance Deposit Constant and the state of the first of the control of the state of

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2958 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) y is necessary, I director. Page for your files. a. COLINTY a. STATE b. COUNTY Prince George | 8 MARYLAND Prince George Meryland Prince George C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 Soard of t write RURAL end give nearest town) Hyattsville Riverdale
NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give streat address) West . IS RESIDENCE ON A FARM? State 8 Leland Memorial YES NO Hospital NAMEOF Middla Yaar and 3 to the fi DECEASED 2 with the (Type or print) DEATH 60. CARRIE November VIRGINIA should be executed within 24 hours after death. 19" in pencil in Item 18. Give Pages 1, 2, and 3 to 's Office along with form PM3. Page 5 may be a burial-transit permit, Eile pages 1 and 2 with a burial-transit permit, Eile pages 1 and 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR) 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS last birthdey) WIDOWED DIVORCED Female 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retirad) Own Home U.S.A. Washington, D. Housewife 14. MOTHER'S MAIDEN NAME Matthew S. Olive Nichols Mckeown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give war or datas of servica) Mr. L. I. Lamphier, Sr. Same as W.W. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Intracranial Hemorrhage DUE TO Cerebral Arteriosclerosis (b) gave rise to immadiate causa DUE TO lease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as pits designated agent, prior to burial, cremation, or re-(a), stating the underlying ceusa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Whila Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Y Inquiry X and in my opinion IY MEDICAL Natural causes V Suicide Undetermined manner death resulted from: Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S BOYD M.D. November NAME (Type) Addrass (Street, city, town, or county) DEP 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 240 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur S. Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

MYANG NO ENCOPPINED ENGINEERS DADIES WE THEN aszoed soniat ALVerdale ... all iversaid .acedo. Indicach Leisensk bundel integral de distribution de la companie de la compa CARRIE VIRGINIA 00/17/1899 60 C W. editow elected Housewife Con Home Washington, D. C. - N. B. A. elonote evilo arredson . B wear held I W.W. L Moz ifr. 1. 1. Lembler, 2r. tene se se - Introopeniel Serorgane places of the Corebral Arter Corelerost The second second Acres 212 The many JAMES I. BOOD, M.D.

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	1297	(	CERTIFICA	TE OF DEAT	Н	Reg. Di	st. No.	100
1. PLACE OF DE.	INCEG	EORGE	S MARYLAND	2. USUAL RESIDENCE (WO O. STATE		If institution: Resider	GEL	ssion)
RURAL ond	OWN (If outside corporate give neores! town)	/ /	TH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limi	ts, write RURAL ond	EURA.	4)/
OR INSTITU	HOSPITAL (If not in hospit ITION ERN HARYLA		CENTER	d. STREET ADDRESS	By	66	ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)		First L.HINA	Middle	LANGE	4. DATE OF DEATH	NOV.	27	Year 1960
5. SEX	6. COLOR OR RA	WIDOWED [	EVER MARRIED   E	MAY 23,	lost t	(In years orthogy) Months Months	Days Hours	T
HOUSE	of working life, even if re	ork done fired)	8USINESS OR INDUS	TRY 17. 8IRTHPLACE (SION	DA	12.CIT	ANA S	COUNTR
WILL	AH SCH	ALIN		14. MOTHER'S MAIDEN				
15. WAS DECEAS (Yes, no, or unknown)	ED EVER IN U. S. ARMED			ISTAU LAN	GE-HUSE	Address R BAND BR	H3 B	WE
Condition gove rise	s, if ony, which to immediate DU	BY: A	CEHM DRACT	WETH PH	ELONEP,	PREMIE HRITIS	23	
_		CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE COND	ITION GIVEN IN PAR	RT I(o) 19. WAS PERF YES	ORMED?
20g. ACCIDE OR CONTRIB	NT WAS UNDERLYING L LITING II CAUSE OF DE IOTIFY MEDICAL EXAMIN	20b. DESCRIBE HOTEL	MINURY OCCURRED	. (Enter noture of injury in	Port I or Port II of ite	em 18.)		
20c. TIME OF Hour	P. Month, Doy,	Year 20d. INJURY OC	CURRED 20e. PLA foci	CE OF INUNRY (Home, formory, seet of the below of	m, 20f. (City or town	Ton	County)	(Sto
21. I cert	fy that I attended	1 1 4	MCV-8 and that death	1960, ta	Present M, from the co	19,that I lo		
ACTUAL SIGNATURE	attur	Showe	A.	A.D. BROW	ADDRESS (Street, city			TE SIGN
PHYSICIAN'S NAME (Type	ARTHON	R SHAD	VER TRI	4D BRANCE	+ AVE, C	LINTO	V MD	4/3
220. BURIAL, CRE REMOVAL (S	perify)	-60 Tri	ME OF CEMETERY OR	: CREMATORY . Lardens	22d. LOCATION (C	ty, town, or county)	(Sto	ma ma
23. FUNERAL DIR	ECTOR'S SIGNATURE	1661-100	RESS Hope 1		D BY REGISTRAR	24b. REGISTRAR'S SI	GNATURE	

page 3 shauld be detoched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremation, or remaval, and in ony event within 72 hours after death. after death. Poge 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP VS A15 (4) 15M 9/58

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

12912

RURAL ond give no	Prince Geor outside corporote limits, prest town)		MARYLAND	2. USUAL RESIDENCE (W o. STATE Md.	here deceased lived. If institution b. COUN		fore admission)
d. NAME OF HOSPITA	outside corporate limits, arest town)	write c. LENGTH OF					
d. NAME OF HOSPITA	Laurel	11 D	13	e. CITY OR TOWN (IF Balti	outside corporate limits, write	e RURAL ond give n	eorest town)
OK III TO II OII	L (If not in hospital, give	street oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Laurel Gene	ral Hospita	1	4212	Park Heights	Ave.	YES NO NO
NAME OF DECEASED (Also	Lena or Li	na)	NMI)	lost LaRosa	4. DATE OF DEATH NOV.		Day Yeor
SEX		MARRIED NEVER M	ARRIED B.	DATE OF BIRTH	9. AGE (In year lost birthda)	A PROPERTY OF THE PARTY OF THE	R IF UNDER 24 HRS.
Female	White w	IDOWED DIVE	ORCED   M	larch 25m 18		rs. Months Days	Hours Min.
. USUAL OCCUPATIO	N (Give kind of work doning life, even if retired)	e 106. KIND OF BUSINE	SS OR INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
Housev		At Hom		Italy		U.S	5.A.
FATHER'S NAME	11.6	AU HOR		14. MOTHER'S MAIDEN	NAME		
	Salvatore C	ncine			Unknown		
WAS DECEASED EVER	IN U. S. ARMED FORCES		Y NO. 17. INF	ORMANT	A	ddress	
es, no, or unknown)	t yes, give war or dates of service				0,4300 Woodri		Rolto Md
No.	TH [Enter only one couse	None		nosa Danite	0,4500 Woodi'i	rake wa. 1	parco. Mu.
Conditions, if on gove rise to in couse (o), stoting the lying couse lost.	nmediate DUE TO (c)	Cerebro	l Herr	orthog	ex Condia	· Esilene	I was autopsy
			Transcription of the Control of the			SIVEN IN PAKI I(0)	PERFORMED?
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING   200	b. DESCRIBE HOW INJU	RY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)		
20c. TIME OF INJURY Hour o.m. p. m.	Month, Doy, Year 19	20d. INJURY OCCURRED While Not while of work of work		E OF INJURY (Home, farm ry, street, office bldg., etc		(County	(State)
21. I certify the alive on 11 -	at I attended the de 2 6		that death a		M, from the cause: ADDRESS (Street, city or toy CR. George My	and on the d	
. BURIAL, CREMATION	1, 22b. DATE THEREOF	0-13	CEMETERY OR C		22d. LOCATION (City, fow Baltimore		(Stote)
REMOVAL (Specify) Burial	11/00/0						
		ADDRESS		240. REC		GISTRAR'S SIGNAT	URE

TO HOSPITCA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be rained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

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AL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled hould be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 (Board of Health priar to burial, cremation, or remayol, Ad in any event, within 72 haurs after death.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOSPI	moy be r	TO FUNER	page 3 sl
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the Stote

I. PLACE OF DEATH			2. USUAL RESIDENCE (W		h COUNTY	an: Residence be	efare admission	n)
	Prince George		Wast	1., 22	D.C	Prin	ce Geor	rges
b. CITY OR TOWN ( RURAL and give n	(If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside carpo	rate limits, write R	URAL and give	nearest town)	
-	erlv	2 davs	Wesh.	. 22.	D.C.			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give street	address)	d. STREET ADDRESS		13.7		e. IS RESID	ARM?
Prince	Georges Genera	l Hospital	6997	Allent	ovm, Rd		YES	NO.A.A.
3. NAME OF DECEASED (Type or print)	First George	(NMN)	Lincoln	4. DATE OF DEATH	Novem		24 19	or 60
S. SEX	6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH 4/20/1891		9. AGE (in years lost birthday) 69 yrs.	Manths Day		24 HRS. Min.
Male  100. USUAL OCCUPATION  Stationary	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Washingto	on, D.C	ountry)		OF WHAT CO	UNTRY?
3. FATHER'S NAME Eugene Li	neoln		Mary Eliza		helps			
S. WAS DECEASED EVI	ER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)		orge F. Linco	oln, 57	26 East		r.Rive	rdal
	the <u>under-</u> DUE TO	acte p	oul-le	lem	thedo	7	NTERVAL BETY NSET AND D	EATH
PART II. OT	HER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	/EN IN PART 1(o	PERFOR	NO [
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING   20b. DESC G   CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury in	Part I ar Part	t II af item 18.)			
20c. TIME OF INJUI Haur a. m. p. m.	While		ACE OF INJURY (Hame, far ictary, street, affice bldg., et		or town)	(Caun	ity)	(State)
21. 1 certify the	at (I) (this haspital) attend		Nov. 22 19 death occurred at 10		Neu, 24 the causes an			
22a. SIGNATURE	Eller (	Tack	ATTENDING	AED.	STAFF PHYS.		22b.	DATE SIGNED 960
22c. PHYSICIAN'S NAME (Type)	Albert Roth		22d. ADDRESS Ma 55TO Ma Riverda	dison S	Street,			
23a. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 23b. DATE THEREOF	Washington Ne		23d. LOCA	TION (City, tawn,	or county) Pr.Geo.(	Co., Md.	
W. W. C/		ADDRESS RIVER da	1 11	2 9 '60		STRAR'S SIGNA		

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	Level of March	1 1 1 C 2 4	Belgins Committee

physician FUNERAL DIRECTOR OR

15M 9/59

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e. IS RESIDENCE ON A FARM? YES NO A Year Manth 19 60 NOVEMBER 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days 4.0 yrs. 12. CITIZEN OF WHAT COUNTRY? STATES Elizabeth (maiden name unknown, Address INTERVAL BETWEEN ONSET AND DEATH MINUTE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (County) (State) 60, and that death occurred at \$150 Mrom the causes and on the date stated above. 22b, DATE SIGNED NO U 60 ANDREWS AFB, WASH 25. 23d. LOCATION (City, town, or county) (State) 256. REGISTRAR'S SIGNATURE DATE NOV 1 4 '60 TUNERAL HOME

MARYLAND STATE DEPARTMENT OF HEALTH

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icate be executed within 24 kaurs	vsician and campletely filled in by	we carbon popers. Poges 1 and 2	within 72 hours after death.	
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TO HOSP! OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 kayrs after death. Page 4 may be retained by the haspital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled me by the funeral director,	page 3 shauld be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	the State Board of Health priar to buriol, cremotion, or remaval, and in any event, within 72 hours after death.	
TO HOSP	TO FUNERAL	poge 3 shaul	the State Boa	

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		2921		CERTIF	ICA	TE OF DEATH	1			1	2312
1. F	LACE OF DEATH			MARY	LAND	2. USUAL RESIDENCE (W		d lived. If institution b. COUNITY	on: Resident	e before or	Imission)
		nce George				Maryl:		3000	D GARWASS	SERVICE STREET	2.5
Ł	<ul> <li>CITY OR TOWN (If RURAL and give ned</li> </ul>		its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL ond g	ive nearest	town)
	-	verly		18 days	s	Silver	Spri	ngs		21	1-2
	OR INSTITUTION	AL (If nat in haspital,	give street	address)		d. STREET ADDRESS		-6-		e. IS	RESIDENCE
		Georges	Conor	al Hospita	1	8621	Dinar	Dranah D	اما		N A FARM?
3 1	NAME OF		rst	Middle		last	4. DATE		d.		
(	DECEASED Type or print)		131				OF DEATH	Mon	m	Day	Year
		Lena		Mill		Little	DEATH	Nov		5	19 60
S. S	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	ED 🗌	B. DATE OF BIRTH		9. AGE (In years lost birthday)		Days Ha	NDER 24 HRS.
	Female	White	WIDOWE	DIVORCE		7 October 18	388	72 yrs.		Doy's I IId	ors will.
100.	USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (State	e ar foreign c	ountry)	12. CITI:	ZEN OF WH	AT COUNTRY?
1	Homemaker	ng life, even if refired	"	own home		NEW JE	RSEY			U.	S.A.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		1		
- (	GEORGE MIL	LER				PHEBE STR	YKER				
1.5	WAS DECEASED EVER	INI II S ABMED FOR	CECO IV	COCIAL CECURITY NO	127.86	IFORMANT		4.1.1			
	no, or unknown) [1	f yes, give war or dates of	service)	SOCIAL SECURITY NO				Add			
	NO		3	res	Mr	. Frank H. L	ittle,				Rd.
	1B. CAUSE OF DEAT	TH [Enter only ane c	ouse per lig	pe for (o), (b), and (c).	]			Silver Sp	oring,	INTERVA	L BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	, 8	Maem	n					UNSET A	ND DEATH
	1-11	DUE TO								7.0	
	1377		A	alon.	/	Perusa Ker	due	chin			
	Conditions, if on gave rise to im		)	o o o o o o		, round			- 1110	-	
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	lying couse lost.	) (	0)	eni-col	cu	-on a 7 kee	lun				
ATION	PART II. OTHI	ER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
CERTIFICATION	20d. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY O	CCURRE	). (Enter noture of injury in	Part I or Por	t II af item 1B.)			
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye	ar 20d. It	NJURY OCCURRED		CE OF INJURY (Home, for		y or town)	10	ounty)	(State)
<u>G</u>	Hour o.m.	19	While	Nat while	fac	tory, street, affice bldg., et	c.)		,	,,,	,- ,-
Z	p. m.		ot war			101.0	,	1			
	21. I certify that	(I) (this hospito	1) oftend	led the deceosed	from	10/12 19	260, to_	11/5	, 1960	Q that (	I) (we) lost
	sow the deceose	ed olive on	1/5	1960, and	that d	eath occurred of 3.	W.Afrom	the couses on	d on the	dote sta	ted obove.
	22a. SIGNATURE	1		11		-			011 1170	0010 010	22b. DATE
	Az	ulsch	uar	flood on	0. 1	M.D. PHYS.	AED. DIRECTOR	STAFF PHYS.			11/5/6
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS					11
	D D	r Saul Sch	wartz	bac M.D.		1726 Ey	re St.	N.W. Was	hingto	on. D.	G.
230	BURIAL, CREMATION	N. 23b. DATE THERE	OF.	23c. NAME OF CEME	ETERY OF			TION (City, town, o			(Stote)
	DEMOVAL (Secrifical	TOD. WATE THERE		I AUL. INAME OF CEMI	LIEKT O	CUEMVIONI	I ZJU. LUCA	HOTEL CITY, TOWN, (	or COUNTY)		
	KEWOAY! (Shecita)	11/0/100		CHILAD TITE	7 00	ACTION TO SECTION AS					
-	REMOVAL (Specify) BURIAL FUNERAL DIRECTOR'S	11/7/60		CEDAR HIL	L CE			E GEO. CC		MARY	

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1. PLACE OF DEATH o. COUNTY	MARYLAND	a. STATE	b. COUNTY	an: Residence befare admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	Prince Geor	URAL and give nearest town)
Cheverly	6 Days	Hyattsvil	le	
d. NAME OF HOSPITAL (If nat in haspital, give street ad OR INSTITUTION	dress)	d. STREET ADDRESS	enden Street	e. IS RESIDEN ON A FAR YES \to NO
3. NAME OF First	HOSD1 tal		4. DATE Man	
DECEASED (Type or print) Hasel	Martin	Lloyd	OF DEATH NOV	21
S. SEX Male 6. COLOR OR RACE 7. MARRIEI WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH  Jan. 1,1907	9. AGE (In years last bribday) yrs.	Months Days Hours A
10a. USUAL OCCUPATION (Give kind of work done 10b. KI	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	r fareign country)	12. CITIZEN OF WHAT COUN
during mast of warking life, even if retired)	igineer	Marylan	d	USA
Cetired  3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
James Lloyd		Lydia No	rton	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	CIAL SECURITY NO. 17.	NFORMANT	Add	ress
(Yes, no, or unknown) (If yes, give war or dates of service)	F	lorence E Llo	vd Roger Hei	ghts. Md.
			0	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY:	ror (0), (0), and (c).		10,	INTERVAL BETWE
IMMEDIATE CAUSE (a)	i cur	myo ca	rchal m	Jones 6 de
DUE TO	n n	1/1 1		1 1 11
Canditions, if any, which ) (b)	Car	duce 7	ampine	reso Ih
gave rise to immediate cause (a), stating the under-	7 1	- 0 7	- 1111	
lying cause lost. (c)	uno-	Felino la	e HARLS	- Seveni
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTO
3 Menna				YES NO
OR CONTRIBUTING   CAUSE OF DEATH	IBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I ar Part II of item 18.)	
Haur a.m. While		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City or town)	(County) (
21. I certify that (I) (this haspital) attended saw the deceased alive an Nov. 16 ft	60	// 195 / 195 195 195 195 195 195 195 195 195 195	A Me the causes on	19 60, that (I) (we)
220 SIGNATURE		ATTENDING MED	D STAFF	22b. DA \$10
22c PHYSICIAN'S		224 ADDRESS		11 16-60
NAME (Type) Dr. Til Bergma	an, M.D.		esent Road,	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O		Bolt Md	
REMOVAL (Specify)			23d. LOCATION (City, town,	
urial Nov 19, 1960			Colmar Manor	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
F. Gasch's Sons Hyattsvi	ile, marylan	DATE N	OV 21 '60   C	Within S. Krases

irs after death. Page 4 the attending physician and campletely filled may the funeral directar. Then please remave carban papers. Pages 1 and 2 shauld be filed with

TO HOSP! OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fmay be remained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

1	0	0	d.	Jun <sub>i</sub>
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e. IS RESIDENCE ON A FARM? YES NO

25 00			2923		CERTIFICA	ATE OF DEAT	H				1431
director, filed with	N	1. PLACE OF DEATH o. COUNTY Prince	e Georges		MARYLAND	2. USUAL RESIDENCE (*) o. STATE Marylan		b. COUNTY			re admission)
funeral	)	RURAL ond give	V		6 hrs. 5 mi	c. CITY OR TOWN (	If outside carpo	prote limits, write R	URAL and g	ive nea	irest lawn)
d 2 sha	77	OR INSTITUTION	PITAL (If not in hospital, g George s Gen		ddress)	d. STREET ADDRESS 2202 Cheve		enue /			e. IS RESIDEN ON A FAI YES NO
illed in		3. NAME OF DECEASED (Type or print)	John	st	Middle <b>T</b>	Maloney	4. DATE OF DEATH	Nou	th	<b>3</b>	Year 19
oletely f rs. Pog ofter dec		s. sex	6. COLOR OR RACE White	7. MARRIE	NEVER MARRIED DIVORCED	B. DATE OF BIRTH  January 22,	1895	9. AGE (In years last birthday) 65 yrs.	-	1 YEAR Days	Hours 1
ape	-	10a. USUAL OCCUPAT	TION (Give kind of work of orking life, even if relired)	dane 10b. K	IND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (Sto		auntry)	12. CITI2	ZENOF	WHATCOU

(Type or print)	John	T.	M	aloney	DEATH	1100	3	1	900
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARE	RIED B. D	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 YEAR	1	
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10a. USUAL OCCUP	ATION (Give kind of work working life, even if relired	dane 10b. KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (State	or fareign c	ountry)	12. CITIZENO	F WHAT CO	DUNTRY
Medical		Self		Connect	cicut		U. S. A	٨.	
3. FATHER'S NAME				4. MOTHER'S MAIDEN N	NAME				
Edward	L. Maloney			Margaret	Dela	ney			
5. WAS DECEASED		CES? 16. SOCIAL SECURITY N	O. 17, INFO	RMANT		Addr	ess		
WXXX Yes	s (If yes, give war or dates of s	ervice)	Mrs	. Mary L.	Malo	ney (Wif	le) Same	as #	2
1B. CAUSE OF	DEATH [Enter only one co	ouse per line for (o), (b), and (o	).]					ERVAL BET	
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Trren-	reneb	RAL hem	onnl	MAGE		10 ho	
44	DUE TO		Y miles						7 15 17
Conditions	if any, which )	Hypenter	V11110	CARdin VAS	CHLA	n Dise	210	5un	-
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lying cause lo									
_		DITIONS CONTRIBUTING TO D	FATURITAL	T DELATED TO THE TERM	NIAL DISEAS	E CONDITION ON	TEAL IN LEAST 14-1	IO VAZAC A	LITORCY
2	OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO D	EATH BUT NO	N KELATED TO THE TERMI	INAL DISEAS	SE CONDITION GIV	EN IN PART I(0)	PERFOR	RMED?
5		I						YES [	NO 🖺
OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY	OCCURRED. (	Enter noture at injury in I	Part I ar Pai	't II of item IB.)			
S 20c. TIME OF IN	JURY Month, Day, Ye	or 20d. INJURY OCCURRED		OF INJURY (Home, farm		y ar tawn)	(County)		(State
Hour o.	m. m. 19	While Not while at work at work	factor	y, street, affice bldg., etc.	•)				
		l) attended the deceosed	d from J	W L V 100	60 to	NOV 3	19 60, 11	not (1) (v	val las
saw the dec	eased alive on	3 1960, an	d that dea						
220. SJGNATUR	E	1	a mar aco	III discorred digital	.777, 11 0111	me cooses on	a on the don		. DATE
Morn	un Donal	mean	M.E	ATTENDING MI	ED. RECTOR	STAFF PHYS.			SIGNED
22c. PHYSICIAN	,	-1		22d. ADDRESS	2		-/)		. 1
NAME (TYP	KMAN!	onAl (ome	44	3503 16	enny	51 M1	1(AIN)	en.	m
23a. BURIAL, CREMA REMOVAL (Spe		OF 23c. NAME OF CE	METERY OR C	REMATORY	23d. LOCA	TION (City, town, o	or county)	(State	:)
Burial	11/7/60	Mt. Oli	vet		Wa	shington	D. C.		

the attending physician and and in any event, within 72+ moy be retained by the haspital ar attending physician. page 3 shauld be detached for use as the burial-transit permit. the State Board of Health prior to buriol, cremation, ar remayol,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in rs after death. Page 4

VR A15 (4) 1SM 9/59

24. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons

ADDRESS Hyattsville, Md.

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

DATE NOV 9

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23. FUNERAL DIRECTOR 5M 7/59

CERTIFICATION

CO.,

960 Mountain View Cemetery 24b. REGISTRAR'S SIGNATURE

Riverdale, Md.

Chilling & House

DATE

Prince Georges County Fifth

angland

Prince Georges

November 24, 1960.

Loveni

lelend Hemorial Hospital Route 1, Box 53

KENNEGH WAYNE NAME OF HOVEMBER 24, 000.

Mele Malta Market Mag. 13, 1960

Child Infent Beltiage, Karyland J.S.A.

Gladys Louise Mabe

Comite al, Education

None Mone Mrs. Gladys L. Mann Lourel, Md.

Juriel Mev. 27, 1980 Neuminin View Cometery Ablances, Virginia. W. W. CHRISTES CO., Riverdale, Nd. 1842 Hole Company

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 12924

CERTIFICATE OF DEATH

12919

a. COUNTY		MARYLAND	2. USUAL RESIDENCE (W			dence before admission)
	Prince Georges	9	Flat y 1			
b. CITY OR RURAL or	TOWN (If outside corporate limed give nearest town)  Cheverly	its, write c. LENGTH OF STAY IN 16	Cheve	10-10 PER 1	nits, write RURAL or	nd give nearest town)
d. NAME O	F HOSPITAL (If not in hospital,		d. STREET ADDRESS	~ <del>_</del>	COURS -	e. IS RESIDENCE ON A FARM?
Prince	e Georges Gener	ral Hospital	5823	Dewey St	reet	YES NO
3. NAME OF DECEASED (Type or pri	nt) Stella	rst Middle	lost McAvov	4. DATE OF DEATH	Month Nov	Day Yeor 27 19 60
5. SEX		7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years   IF UNI	DER 1 YEAR IF UNDER 24 HRS
Fema		WIDOWED DIVORCED	16 Apr. 1889	lost	birthdoy) Manth	ns Days Haurs Min.
Oa. USUAL OC	CCUPATION (Give kind of work st of warking life, even if retired	done 10b. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (Stot	e or fareign country)	12.0	CITIZEN OF WHAT COUNTRY
No		AT HOME	NEAR BOL	DAKSBOKO VN	IRSH. CO. N	ID. U.S.A.
3. FATHER'S N	A.C.		4 14. MOTHER'S MAIDEN			NA 18-00
10	IILLIAM HE	MRY SMITH	ANA	11 0101	RA FURR	.,
	ASED EVER IN U. S. ARMED FO		INFORMANT	5672	O STARTEN	15T.
(Yes, no, or unknown		215-20-9935A H	TORACE NISAYO	v 0 H 6	PERMIT	MD.
In CAUS		ause per line for (a), (b), and (c).	TA KACE TAL SHAN	Y CHE	ABICAL	INTERVAL BETWEEN
			10			ONSET AND DEATH
(1)	RT 1. DEATH WAS CAUSED BY:	o Cardiac Tamponac				minutes
	a DUE TO			-		4 days
	ons, if ony, which )	Thrombosis of Ri				4 days
	se to immediate  , stating the <u>under-</u> use lost.		osclerotic Hea	rt Diseas	е	years
_	,	c) NDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER/	MINAL DISEASE CON	DITION GIVEN IN I	PART 1(o) 19. WAS AUTOPSY
A P				·		PERFORMED?
OR CONTI	DENT WAS UNDERLYING [] RIBUTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	n Part I or Part II of i	item 18.)	
9	OF INJURY Manth, Doy, Ye o. m. p. m.		PLACE OF INJURY (Home, far factory, street, office bldg., e		vn)	(Caunty) (State
		al) attended the deceased from				2.60, that (1) (we) las
-	deceased alive an 26	NOV 19.00, and that	death accurred at 5	LIDIAMom the c	causes and an	
220 SIGN	Trauses	O Castonel.	M.D. ATTENDING	MED. STA	AFF YS.	22b. DATE SIGNED
22c. PHYSI NAME	CIAN'S (Type) Dr. Brances	s DeCoste., MD	22d. ADDRESS 9608 Und	derwood St	• Seabro	ook., Md.
23a. BURIAL, C		OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (	City, tawn, or coun	ty) (State)
REMOVAL	(Specity) NAIS. 79	1960 BODNSBOR	· CEMETERY	Banker	URO INAC	H. CO. MD.
24. FÜNERAL D	IRECTOR'S SIGNATURE	ADDRESS	25a. KE	C'D BY REGISTRAR	25b. REGISTRAR'S	
Sall	Aumenal #	NIO ZAMALAN	Maryan DATEE	C 1 '60	Callun 8	Kraus
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may be "Mained by the haspital ar attending physicion.

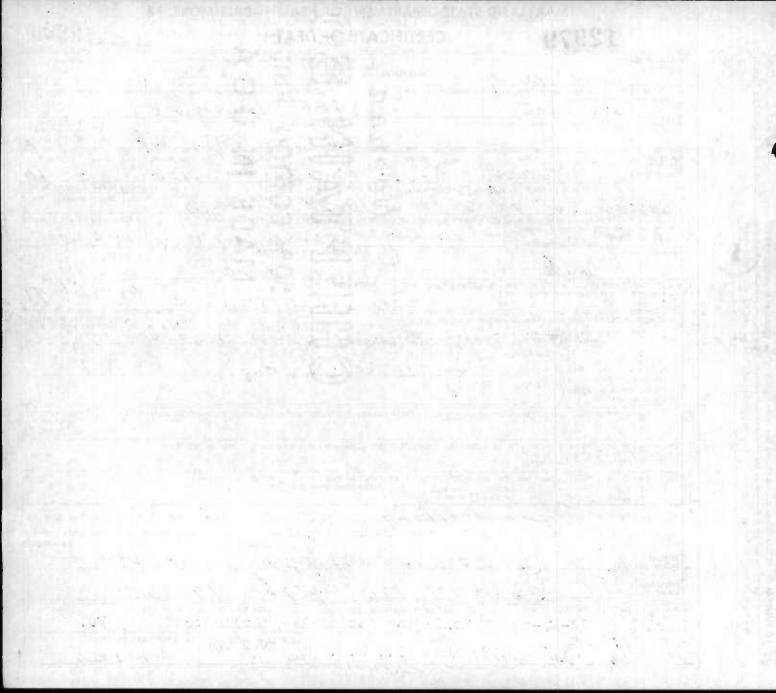
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSP VR A1S (4) 15M 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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the HOSPITATION ATTEND may be retained by the high FUNERAL DIRECTOR: A 3 shauld page 10 VS A15 (4) 15M 9/SB

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO Month Year Day MOU 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 25 196 That I last saw the deceased and that death occurred at \$15.25 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial (Specify) Arlington National Arlington Va. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. RECIDIAY REGISTRAR Critica S. House DATE



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

12921

			ndle.	~
Reg.	Dist.	No.		

1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	a. COUNTY Device Surge. MARYLAND O. STATE manhound b. COUNTY Divige
t	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town
	leat Pleasant I year feat Alexant
1	d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
	OR INSTITUTION Gelef Street 6925 acle that YES NO E
F	
1	(Type or print) EMMA BERTHA MCGINNIST DEATH homember 6 1960.
15	5. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED B. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE (In years lost girthday) Months Doys Hours Min. WIDOWED DIVORCED DIVORCED Min.
1	100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)
	Howevery Hyme her allean forman U.S.A:
1	13. FATHER'S NAME
	WILLIAM WALDSAUR VIRGINIA KOUSSE
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  Address  (Yes, no, or unknown)   (If yes, give war or dates of service)
	ND m. E. Harbach 6925 add St, Stolensont, My
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Continuelle Condin - Vascular ONSET AND DEATH
	ALLA X DUE TO
	Conditions, if ony, which) (b) Renal Descare
	gove rise to immediate
	Cause (a), stating the under-
	, (6)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq NO \)
	OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Nat while of work o
1	While Not while of work of wor
	21. I certify that I attended the deceased from Life 15, 1940, to Live 6, 1960 that I last saw the deceased
	alive an homewho 6, 1960, and that death occurred at 6 32 M, from the causes and an the date stated above.
	ADDRESS (Street, city or town, stote)  DATE SIGNED
	ACTUAL Welliam Braum "6/24 Central And "/6/60
	SIGNATURE /V CLICKE / PAGE / M.D. M.D. COLLEGE / PAGE / PA
	PHYSICIAN'S WM BRAININ Control Leichte my
12	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Ilea	REMOVAL (Specify)
	REMOVAL (Specify)

TO HOSPICAL DOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be relained by the haspital at attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carbap pages require the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours affer death.

VS A15 (4) 1SM 9/SB

after death. Page 4

by the funeral director

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ofter death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISION OF	STATISTICAL RESEARCH	AND RECORDS — BALTIMORE 1, MAI	RYLAND	
	1296	0	CERTIFICA	ATE OF DEATH		14260
1. P	LACE OF DEATH	George	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE	b. COUNTY	
t	CITY OR TOWN (If autside carp RURAL and give nearest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and	give nearest town)
	I. NAME OF HOSPITAL (IF not in or institution		,	d. STREET ADDRESS 500 4 Gueen	us bury R	e. IS RESIDENCE ON A FARM? YES NO
(	NAME OF DECEASED Type or print)	Hecto	Middle C	MCKNEW 4. DATE OF DEATH	Month 120 V.	Day Year 29 19 66
5. \$	male uh	FRACE 7. MARE	RIED MEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. 7	GE (In years of UNDER Manths yrs.	1 YEAR IF UNDER 24 HRS Days Haurs Min.
10a.	USUAL OCCUPATION (Give kind during mast af warking life, even	d of work dane 10b. if retired)	KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (State or foreign country )	7) 12. CITI	ZEN OF WHAT COUNTRY
13. 1	Denjamin	P. me	Knew	14. MOTHER'S MAIDEN NAME A	tcheso	13
	WAS DECEASED EVER IN U. S. AF no, or unknown) (If yes, give war	RMED FORCES? 16. ar dates of service)	SOCIAL SECURITY NO. 17.	Mospital Reco	Address	
	18. CAUSE OF DEATH [Enter or PART I. DEATH WAS CAU IMMEDIATE	JSED BY: M	ne far (a), (b), and (c).	al inforction		INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which agave rise to immediate	DUE TO	rovery	Thrombosis		
	cause (a), stating the under-	DUE TO	Interio-	sclerosii		
CERTIFICATION	Hyperte	urion	contributing to DEATH B	vol Thrombosis	),	T 1(a) 19. WAS AUTOPS PERFORMED? YES NO
151	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CHIEF CONTRIBUTING CAUSE OF CONTRIBUTION MEDICAL EX.	F DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I or Part II o	of item 18.)	
MEDICA	20c. TIME OF INJURY Manth, Haur a.m. p.m.	Day, Year 20d, I While at war	Nat while	PLACE OF INJURY (Hame, farm, 20f. (City or factory, street, office bldg., etc.)	dawn) ° ((	Caunty) (State
	21. 1 certify that (I) (this saw the deceased alive to	11 20	140	death accurred at 10 /M, from the		A, that (I) (we) las
	220. SIGNATURE	Kurd	ie	ATTENDING MED S	TAFF PHYS.	22b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type)	PURD	<i>L</i> -	22d. ADDRESS		

23a. BURIAL, CREMATION, BENOVAL (Specify) DATE THEREOF 23b.

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, tawn, or county)

25a, PATE '60 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/59

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SULED TO STREET OF THE STREET The state of the s 

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 19095

12922

16060	CIIIXIII IOIX			
1. PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: R b. COUNTY	esidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corporote limits, write RURAL	ond give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street or		d. STREET ADDRESS	on , D.C.	e. IS RESIDENCE ON A FARM?
Prince George Hospita		3004 Perr	y St. N.E.	YES NO
3. NAME OF DECEASED (Type or print) Tohan	Middle	Last	4. DATE Month OF DEATH	Day Year
S. SEX   6. COLOR OR RACE   7. MARRII	NEVER MARRIED	Merriken 8. DATE OF BIRTH		NDER 1 YEAR IF UNDER 2 HRS
Male W WIDOWER		1-22-81	last birthday) Mo	nths Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Employee D.C. Nations		STRY 11. BIRTHPLACE (State of Baltimore		2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
George Merriken		Marian V	Ward	
(Yes, no, or unknown) (If yes, give war or dates of service)	OCIAL SECURITY NO. 17. II	Wilhelmina	T Address T Amerikan	(As above)
18. CAUSE OF DEATH [Enter only one couse per line		WITHGINITHS.	A	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	rebral la	Iscular F	ecident-	ONSET AND DEATH
Conditions, if ony, which)  Conditions, if ony, which)	Bonto HE IVO	Antonioso	Perotis Alsa	uso a yes
gove rise to immediate cause (o), stoting the <u>under</u> .  lying couse lost.	1.0.732176	7770-1720-		
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN I	N PART 1(0) 19. WAS AUTOPSY PERFORMED?
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Port I ar Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN While at wark	_ Not while fa	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.		(County) (State
21. I certify that (I) (this haspital) attended saw the deceased alive on Act.			59 to Nove 9	19_6_0 that (I) (we) last
Larles C. Hagea	10	ATTENDING ME		6V. 9, 1960
22c. PHYSICIAN'S NAME (Type) Dr. Chas. Hagea	ge	22d. ADDRESS 3308 Pe	rry Street ,Mt.	Rainier, Md.
23a. BURIAL, CREMATION, REMOVAL (Specify)  Burial 11/12/1960	23c. NAME OF CEMETERY C	or CREMATORY Ln Cometery	23d. LOCATION (City Jown, or co	only) Maryland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A. / Car			R'S SIGNATURE
nally instrumed H	mil	DATE NO	OV 1 4 '60   Galler	n 8 45

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TO HOSP! OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havy be received by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59

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			N 446	Capital Section	

MARYLAND STATE DEPARTMENT OF HEALTH
IVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12923

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CERTIFICATE OF DEATH

)	1. PLACE OF DEATH o. COUNTY Prince	Georges	MARYLAND	2. USUAL RESIDENCE (Vo. STATE D.		If institutio	n: Residence bef	ore admissio	on) V
	b. CITY OR TOWN (If outside con RURAL and give nearest town) Glenn Dale (rur	- 1	c. LENGTH OF STAY IN 16 7 months ar 28 days						
3	d. NAME OF HOSPITAL (If not in OR INSTITUTION Glenn Dale		address)	d. STREET ADDRESS 123 49th St.,		, S.E	•	e. IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print)	First Middle Henry O.		Milburn	4. DATE OF DEATH	Mont		Day Yeor 29 19 60	
		OR RACE 7. MARR	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 12/24/15		E (In years birthdoy)	Months Days	R IF UNDER	Min.
	10a. USUAL OCCUPATION (Give kinduring most of working life, even Laborer 13. FATHER'S NAME	en if retired)	KIND OF BUSINESS OR INDU Odd jobs	STRY 11. BIRTHPLACE (Sto Maryla	ind		USA	OF WHAT CO	DUNTRY?
	Samuel Milbur	m		Aline Gl					
1	15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16.	social security No. 17. I	NFORMANT Decedent		Addre	ess		
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFIED Pulmonary tu	AUSED BY:  CAUSE (o)  DUE TO  (b)  DUE TO  (c)  CANT CONDITIONS CAUDE COND	cinomatosis,  contributing to DEATH BUTS, far advance	not related to the ter d, active (1	minal disease cont	DITION GIVI	01	19. WAS A PERFOR	UTOPSY MED?
7	OR CONTRIBUTING CAUSE OF CAUS	OF DEATH XAMINER)  Day, Year 20d. If While	NJURY OCCURRED 20e. PI	ACE OF INJURY (Home, factory, street, office bldg., e	rm, 20f. (City or tow		(County	')	(Stote)
1	21. I certify that (I) (this saw the deceased alive 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	77 /00 //	50 19 , and that	death accurred at	M, from the complete of the co	rs. □ e Hosp	d an the dat	e stated	
	Bull Specify) 12	ATE THEREOF	St Marks C	Luck Cem	Calle	city, town, o	ee: M	(State	int
	24. BOTHERAL DIRECTOR'S SIGNATU	Enline	4804 Bale	W. W. W. DATE	DEC 2 '60		Athur S. H		

TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haves after death. Page 4 may be retained by the hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled stroy the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remained pagers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

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VS. A15ME

5M 7/59

0 70. NAME OF

DECEASED

(Type or print)

13. FATHER'S NAME

22a, BURIAL, CREMATION,

John Statesman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no. or unkown) | (If yes give war or detas of servica)

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH a. COUNTY Prince Georges County MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Cheverly Glenarden d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

Georges General

ELIZABETH

2. USUAL RESIDENCE (Where deceased lived	. If institution: Raside	nce bafore admission
		Georges

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

5th and Lincoln Avenu

4. DATE Yeer OF DEATH MILES 1960. November

6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Female WIDO WED TO DIVORCED [ 1876 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY?

Hospital

Middle

CIVILLE

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retirad) Housewife Ret. At Home

St. Mary's Cty. Md.

14. MOTHER'S MAIDEN NAME

Henrietta Statesman 16. SOCIAL SECURITY NO. | 17. INFORMANT

Victoria Holmes Fairmont. None 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN Hgts. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which

gave rise to immediate cause DUE TO (a), stating the underlying

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

WAS AUTOPSY PERFORMED? NO

e. IS RESIDENCE ON A FARM?

YES NO

20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH.

CERTIFICATION MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year factory, street, office bldg., etc.) While Not While at work at work

20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)

21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my opinion Natural causes X Undetermined manner death resulted from: Accident Suicide Homicide

CHIEF MEDICAL EXAMINER ACTUAL

ASSISTANT MEDICAL EXAMINER DATE SIGNED

SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S WATKINS, M.D. DAYTON 0. NAME (Typa)

Address (Streat, city, town, or county) November 1960 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)

REMOVAL (Specify) New Harmony Pk Cemetery Prince Geo Cty M Burial 960 23. FUNERAL DIRECTOR

Wash N: W DeaneAve

22b. DATE THEREOF

DATE HOY 2 9 '60

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726 Syth Ave.,	dambeteds adjetened		dimeter	s neigt
	Mrs. Victoria Holmen	enoli	anoK .	
		102-13		

DATON O. WATELES, M.D.

Survey Waserneros 1987 Dechety E. Cometery Frince Geo. Ott., Sq.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12925

Circling S. Kraus

DATENOV 1 8 '60

1. PLACE OF DEATH o. COUNTY Pri								
b. CITY OR TOWN RURAL and give.	nce George	MARYLANI	2. USUAL RESIDENCE (Who		institution: F		idmission)	
unever	(If autside carporate limit nearest tawn)	s, write c. LENGTH OF STAY IN 1  6 Hr	c. CITY OR TOWN (IF or Mt Raini		, write RURA	L and give neares	t town)	
d. NAME OF HOSE OF INSTITUTION Prince	PITAL (If not in hospitol, g George Gene	ral Hospital	d. STREET ADDRESS	Street			IS RESIDENCE ON A FARM? ES NO 🔀	
3. NAME OF DECEASED (Type ar print)	Joseph	it Middle	Milstead	4. DATE OF DEATH	Month Nov •	12 Day	Year 19 60	
Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	7-12-82	9. AGE (I		under 1 YEAR IF	UNDER 24 HRS laurs Min.	
Oa. USUAL OCCUPAT during most af we	TION (Give kind af wark a arking life, even if retired)			ar fareign country) RYLAND		12. CITIZEN OF WI		
13. FATHER'S NAME	MAN MI		14. MOTHER'S MAIDEN N	MILST	EAD			
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17	URS EDWA B. MIL	STEAD	SAMI	E AS #	2	
Canditions, if gove rise to cause (a), statin lying cause los	immediate DUE TO	Managed at Dibe	osis and Calcif e Pericarditis osclerotic Hear	t Disease	TION GIVEN I	24 20 10 10 1N PART 1(0) 19.	years years years was autops performeds	
200. ACCIDENT V	WAS UNDERLYING   NG   CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in P	art I ar Part II of item	n 18.)			
20c. TIME OF INJI Haur a. m p. m	10	While Nat while at work of wark	PLACE OF INJURY (Hame, farm, foctory, street, affice bldg., etc.			(Caunty)	(State	
21 I certify that (I) (this hospital) attended the deceased from Nov • 12 160°, to Nov • 12 , 1960, that (I) (we) lass with deceased alive an Nov • 12 19 60 and that death occurred at 5:30 From the causes and on the date stated above								
21. I certify the saw the dece		OV . 12 19 OV and the	t death occurred at 2	M.F. fresho the cau	uses and c		226. DATE 14-60NE	

TO HOSPI. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hrass after death. Page may be retained by the haspital or attending physician. VR A15 (4)

W. W. Chambers Co

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 12928 CERTIFICATE OF DEATH

2101110									
1. PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryla	h CC	institution: Residence bounty George	pefore admission)				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits,		nearest town)				
d. NAME OF HOSPITAL (If not in hospital, give street or Institution	et address)	d. STREET ADDRESS	December 1		e. IS RESIDENCE ON A FARM?				
Prince George General	Hospital L	401 28 th Pla	ce		YES NO				
3. NAME OF First DECEASED (Type or print) John	Middle	NAKSHIAN Nakshain	4. DATE OF DEATH	Manth NOV •	Day Year 21 19 60				
	ARRIED   NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In last birt		ys Hours Min.				
10a. USUAL OCCUPATION (Give kind af work done during most af working life, even if retired)  13. FATHER'S NAME	Bett for Ma	STRY 11. BIRTHPLACE (S1010  ATT 12.  14. MOTHER'S MAIDEN P	nemia.	12. CITIZEN	OF WHAT COUNTRY?				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give wor or dates of service]	6. SOCIAL SECURITY NO. 17. 11 294-03-3015 97	NFORMANT Wis Colice 7	Takshia	Address Som	(az#2				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate cause (o), stoting the under- lying cause last.  DUE TO  (c)	artero	o nary Sclere	eden ti Ht	dis:	NTERVAL BETWEEN ONSET AND DEATH				
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)					PERFORMED? YES NO				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item	18.)					
Hour a.m. Wh	6	ACE OF INJURY (Home, forn ctory, street, office bldg., etc		(Cour	nty) (State)				
	21. I certify that (I) (this haspital) attended the deceased fram. Nov. 19 1960, to Nov. 21 1960, that (I) (we) last saw the deceased alive an. Nov. 21 1960 and that death accurred at 1.150 sites the causes and an the date stated above.								
220. SIGNATURE									
22c. PHYSICIÀN'S NAME (Type) Dr. Chas. Davi	id Connors, M.D.		landover neverly, Md.						
230. BURIAL, CREMATION, 23b. DATE THEREOF 11-23-191	Denny Clives	OR CREMATORY	23d. LOCATION (City.	town, or caunty)	10, (Stote)				
24 SUMPRAYDIRECTOR SIGNATURE CON C	ADDRESS LUCY Sa	DATE	DAY REGISTRAR 25H	Orthur 8					

rs ofter death. Page 4

the attending physician and campletely filled in by the funeral. Then please remove carban papers. Pages 1 and 2 shauld be TO HOSPIC OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 may be recaised by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use os the burial-transit permit. Then please remove carban papers. Pages 1 at the State Board at Health prior to burial, cremation, or removal, agent any event, within 72 hours ofter deoth.

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25b. REGISTRAR'S SIGNATURE

arthur S. Krasia

250. REC'D BY REGISTRAR

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 12929 CERTIFICATE OF DEATH

ADDRESS

with director PLACE OF DEATH filed o. COUNTY funeral pe shauld OR INSTITUTION 2 NAME OF DECEASED Pages deoth (Type or print) S. SEX campletely after Male popers. hours Salesman and pou 13. FATHER'S NAME physician Car 2 remave

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24. FUNERAL DIRECTOR'S SIGNATURE

the

filled

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Prince Georges b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chever Ly c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM2 1413 Buchanan St. N.W. Prince Georges General Hospital YES NO 4. DATE Nemetos Month Year Albert Day DEATH 19 60 Nov 9 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthday) Months Days White WIDOWED DIVORCED 60 21 Mar. 1900 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Syria Syria 14. MOTHER'S MAIDEN NAME Farrah Nemer Unknown 17. INFORMANT Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 801 Somerset Robert W. McCormickno vattev INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) oro DUE TO rteriosclerotic Conditions, if any, which gove rise to immediate **DUE TO** cause (o), stating the underlying cause lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m While Not while of work at work 21. I certify that (1) (this hospital) attended the deceased from NOV 14 1960 to 19 NOV 6 19 60 that (1) (we) last saw the deceased alive on 19 Nov \_\_\_\_\_1960, and that death accurred at 104Nram the causes and on the date stated above. 2200SIGNATURE 22b, DATE SIGNED ATTENDING MED. STAFF PHYS. M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Maryland ANAME (Type Avenue, Cottage ageage 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) BURIAL, CREMATION, (State) Glenwood Cemetery Washington, D.C.

FUNERAL page the Sto 0 0 VR A15 (4) 15M 9/59

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### CERTIFICATE OF DEATH 12981 director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed o. STATE b. COUNTY MARYLAND Prince George funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shavid lcrest Washington D.C. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 24th Ave. New Hampshire Ave NAME OF Middle Last 4. DATE DECEASED Della OF DEATH O'Neill (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years ghday) Female White WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Retired GOVIT Washington ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician car Eugene Della Donohue maye IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO þ E. Ony Conditions, if ony, which gove rise to immediate per DUE TO cause (a), stating the underpuo lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate WEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY fHame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) O. IT While Not while at work of work 24. 1962 that I last saw the deceased 21. I certify that I attended the deceased from ... and that death accurred at \_\_\_\_\_M, from the causes and an the date stated above. alive an DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) FUNER 3 22c, NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d LOCATION (City, town, or county) REMOVAL (Specify) 14.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No.

Months

IS RESIDENCE

ON A FARM?

YES NO

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

Ave.

(County)

24b. REGISTRAR'S SIGNATURE

DATE

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

(State)

Days

6

page 0 VS A15 (4)

Page

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FUNERAL DIRECTOR'S SIGNATURE

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

## AND STATE DEPARTMENT OF HEALTH

1. PLACE OF DEATH o. COUNTY	Prince Geo	orge	MAR	YLAND	2. USUAL RESIDENCE (W. o. STATE Maryla		ed lived. If instituti b. COUNTY		nce before		ion)
b. CITY OR TOWN RURAL and give of Oxon		its, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (IF		orote limits, write R	URAL ond	give ne	arest town	)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in haspital, g		Rd S.E.		d. STREET ADDRESS	ns Rd.	, S.E.				PARM?
3. NAME OF DECEASED (Type or print)	Fin	NIE	Middl	e	Lost OWENS	4. DATE OF DEATE	Mar Nov		26	,	Year 19 60
s. sex Female	6. COLOR OR RACE	7. MARRI WIDOWE	DIVORC	Promoted	B. DATE OF BIRTH  Jan. 19, 18	364	9. AGE (In years last birthday) 96 yrs.	Months	R 1 YEAR Days	IF UNDE Haurs	R 24 HRS Min.
100. USUAL OCCUPATI during most of wor House	rking life, even if retired	dane 10b. I	Domestic		TRY 11. BIRTHPLACE (Stote		cauntry)	12. CI		WHATC	OUNTRY
	3MTTG		DOMOSCIC	,					USA		
13. FATHER'S NAME	Richard	<b>M</b> 001			14. MOTHER'S MAIDEN	NAME	Farr		USA		
13. FATHER'S NAME  15. WAS DECEASED EVI (Yes, no, or unknown)	Richard J ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. S	re SOCIAL SECURITY NO	o. 17, <b>IN</b>	14. MOTHER'S MAIDEN	name ret	100-A 38	th St	n D0	}	TWEEN
13. FATHER'S NAME  15. WAS DECEASED EV.  (Yes, no, or unknown)  18. CAUSE OF DE	Richard  Ric	CCES? 16. Source)	re SOCIAL SECURITY NO	o. 17, <b>IN</b>	14. MOTHER'S MAIDEN Marga	name ret	100-A 38	th St	n De		
13. FATHER'S NAME  15. WAS DECEASED EV.  (Yes, no, or unknown)  18. CAUSE OF DE	Richard  ER IN U. S. ARMED FOR  (If yes, give wor or dales of s  ATH [Enter only one co  ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a  DUE TO  DONY, which  immediate	PCES? 16. Souse per lin  By Ce	re SOCIAL SECURITY NO	0. 17. IN Bes	14. MOTHER'S MAIDEN Marge FORMANT atrice 0. Enc	NAME ret	loo-A 38. Wash	th St ingto	n De	ERVAL BE	DEATH
IS. WAS DECEASED EVI(Yes, no, or unknown)  IB. CAUSE OF DE PART I. DE. Conditions, if gove rise to cause (g), stoting lying couse lost.	Richard  ER IN U. S. ARMED FOR  (If yes, give war or doles of s  ATH [Enter only one co  ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a  DUE TO  only, which immediate the under.  DUE TO  (c)	ouse per lin  Ou	re social SECURITY No ine for (a), (b), and (c) rous ho rebral	0. 17. IN Ber	14. MOTHER'S MAIDEN Marge HORMANT atrice O. Enc	NAME ret 21 in line sula	lenf	th St	n DC	mos	rys with ars
IS. WAS DECEASED EV (Yes, no, or unknown)  IB. CAUSE OF DE PART I. DE Conditions, if cause (a), stoting lying couse lost.  PART II. OT	Richard  Richard  Richard  ER IN U. S. ARMED FOR  (If yes, give war or dales of s  ATH [Enter only one co  ATH WAS CAUSED BY:  IMMEDIATE CAUSE (o  DUE TO  ony, which immediate the under  HER SIGNIFICANT CON	ouse per lin  Ce  Couse per lin  Ce  Ce  Couse per lin  Ce  Couse  Couse per lin  Ce  Couse	re social SECURITY No ine for (a), (b), and (c) rous ho rebral	0. 17. IN Ber	14. MOTHER'S MAIDEN Marge FORMANT atrice 0. Enc	NAME ret 21 in line sula	lenf	th St	n DC	erval BE EET AND 2 ds mos	rys with ars
IS. WAS DECEASED EV (Yes, no, or unknown)  IB. CAUSE OF DE PART I. DE.  Conditions, if of gove rise to cause (0), stoting lying couse lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING	Richard  ER IN U. S. ARMED FOR  (If yes, give war or doles of s  ATH [Enter only one co  ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a  DUE TO  only, which immediate the under.  DUE TO  (c)	OUSE PER III.	re social SECURITY No re for (o), (b), and (c) rousho rebral teriosala ontributing to di	0. 17. IN Bes	14. MOTHER'S MAIDEN Marge HORMANT atrice O. Enc	NAME ret  21  Level Alinal Disea	lenf Disas	th St	n DC	erval BE EET AND 2 ds mos	DEATH  AUTOPSY RMED?

saw the deceased alive an

ATTENDING PHYS. MED.

22b. DATE Nov.

(Stote)

10000

22d. ADDRESS Robert A. Dornbach

4221-South Capitol St., Wash. DC

STAFF PHYS.

23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) Buria

22c. PHYSICIAN'S

NAME (Type)

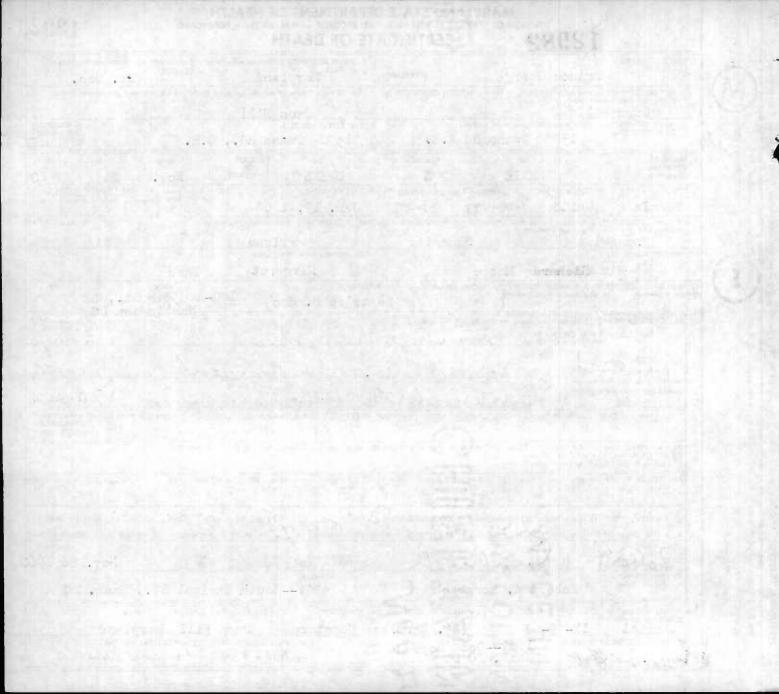
23c. NAME OF CEMETERY OR CREMATORY St. Barnabas Cemetery 23d. LOCATION (City, town, or county) Oxon Hill

1661 -- Good Hope Rd SE Wash. 20 DC

25a. REC'D BY REGISTRAR DATE NOV 2 9 '60

25b. REGISTRAR'S SIGNATURE Children S. France

TO HOSPI VR A1S (4) 1SM 9/59



	DIAISIOIA	OF STATISTICAL RESEARCH AND	KECOKDS - BAI
3	0	CERTIFICATE	OF DEAT

CH	AND	RECOR	D5 —	BALTIMORE 1, MARYLAND	190 -
C	ATE	OF	DE	ATH	1295

		2830		CERTIF	ICAI	F OF D	EAIF	1					10	
1. PLACE OF a. COUNT	ſΥ	ince Georg	ges=	MARY	LAND	2. USUAL RES o. STATE	DENCE (M Mary]		ed lived. If in b. COI		-		Geo:	
b. CITY O	ond give near	outside corporate limi rest town) verly	ts, write	c. LENGTH OF STAY	IN 1b	100	TOWN (IF		orote limits, w	rite RUI	RAL ond	give nee	arest tow	n)
OR INS	OF HOSPITAL	(If not in hospitol, g		address)		d. STREET	ADDRESS	Green	leaf I	Road	ì			SIDENCE A FARM?
3. NAME OF DECEASED (Type or p		Fir S1	ella	Middle		Parrish		4. DATE OF DEATH	Ne	Month	1	27	7	Yeor 19 60
s. sex Fema	E-to	S. COLOR OR RACE White	7. MARE	RIED NEVER MARRI		DATE OF BIRT	-0-	91	9. AGE (In	yeors I day) yrs.	Months .	Days	Hours	ER 24 HR Min.
10a. USUAL C during m No:	nast of warkin	(Give kind of work g life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUST	1 2 20		e or foreign	country)		12. CI1	U.S		COUNTRY
13. FATHER'S	_	Sheehan				14. MOTHER		· Lipp	ton					
1S. WAS DEC (Yes. no. or unkr		N U. S. ARMED FOR yes, give war ar dates of s		SOCIAL SECURITY NO		hn N. H	arri		8141 G				• 9	
Condit gove cause (c		mediate (	, (	Drevie	en	Co	ia	win	erro			0	ye	<u></u>
CATIC				CONTRIBUTING TO DE							N IN PA	RT 1(a)	PERFC	AUTOPSI ORMED?
	ER, NOTIFY M	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)		CRIBE HOW INJURY O	CCURRED.	(Enter nature	of injury in	Port I or Po	ert II of item 1	B.)				I E
	E OF INJURY our a.m. p.m.	Month, Doy, Ye	While of war		20e. PLAC	CE OF INJURY ory, street, office	(Home, far e bldg., e	rm, 20f. (Cit	ty or town)			(County)		(State
saw th	e decease	(I) (this haspital	attend	ded the deceased		ath accurre	1 4	9 60, ta	the cause					(we) las
220 /SIG		benot	0	the Mit	) M	.D. ATTENDIN	12	MED. DIRECTOR	STAFF PHYS.	)		-	11/28	S S S S S S S S S S S S S S S S S S S
/NAA	(SICIAN'S ME (Type)	Dr. Albei		oth M.D.		22d. ADDI	ESS							
23a. BURIAL,	CREMATION	Nov. 2		23c. NAME OF CEM		CREMATORY DUS Cem	etery		ATION (City, 1	own, or	county)		(Sta	3°
21 FUNERAL	DIRECTOR'S	SIGNATURE		ADDRESS M	nd			NOV 2 9			TRAR'S S		-	

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs ofter death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

irs after death. Page 4

TO HOSP VR A15 (4) 15M 9/59

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	ALL STREET, ST

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12954

## CERTIFICATE OF DEATH

Reg. Dist. No. 12951

	o. COUNTY Prince Ge	orge		MARYE		Maryla		ere decease	d lived. If institution by COUNTY	TY,	lence befo	ore admiss	ion)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Laurel					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Savage							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						d Street Address  601 Washington Street  6 Is residence ON A FARM? YES NO M							
ł	Laurel General Hospital  NAME OF First Middle												
	DECEASED (Type or print)	DECEASED				OF				vembe:	rember 11 19 60		
I	5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIE	D 🔲 B.	DATE OF BIRT	Н		9, AGE (In year			-	ER 24 HRS.
I	Female	White	WIDOWED	DIVORCED	0 0	oct. 30	. 1896	6	2.5	Y) Month:	Days	Hours	Min.
I	100. USUAL OCCUPATION	N (Give kind of work	done 10b. K	IND OF BUSINESS OF						12.	CITIZEN (	OF WHAT	COUNTRY
I	Housew.	ng life, even if retired	)	dis re		M	arvlar	nd			(1	SA	
ł	13. FATHER'S NAME	ще		1 1000		14. MOTHER'S	A.F						
1	Edward F	Condon				Sara	h Jane	e West	5				
ŀ	15. WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INF	ORMANT			-	ddress			
1	(Yes, no. or unknown) (I	yes, give wor or dates of t	ervice}		THE ST	U.		D					
ŀ	TIR CAUSE OF DEAT	TM FEater ask ass as		for (a) (b) 1 (a) ]		11(0)	spital	Lineco	rds		LINIT	COVAL DE	TWEEN
1	18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:  INTERVAL BETWEEN ONSET AND DEATH												
ı	IMMEDIATE CAUSE (o) COLOR COLO												
ı	1420.1 DUE TO 0 - 11 40												
l	Conditions, if any, which (b) Willest Believes 10 gr												
ı	gove rise to immediate DUE TO												
1	lying couse lost. (c) Aeffletheusters /3 yr												
١	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY												
١	PART II. OTHI		0										NO 🗌
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)												
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work of work of work of work												
I	p. m. 19 of work of work												
I	21. I certify that/1 ottended the deceased from \$\\ \frac{1}{2}\], 19\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\												
I	alive on, 19, and that death occurred atM, fram the causes and an the date stated above												
1	ADDRESS (Street, city or town, state)  DATE SIGNED												
1	SIGNATURE & M M/ Arress M.O.												
	PHYSICIAN'S John M. Warren . M.D. 305 Prince George Street, Laurel, Maryland												
1	220. BURIAL, CREMATION			22c. NAME OF CEME			-5×-×0		TION (City, tow				a)
-	REMOVAL (Specify)	11/11/	10	A CEME	. P	Cem		D	nort (chy, low	The County	-l	(Stot	-1
	23. FUNERAL DIRECTOR'S	SIGNIATURE	60 }	ADDRESS	^	A	104 255	Adv	rege of	GISTRAR'S	SIGNIATI	IDC .	
	23. PUNERAL DIRECTOR'S	SIGNATURE		NO CL	11	101	DATE NO	D BY REGIST	//	Isthur .	1 10		
1	the letter of	I PART I	LAAL	MIMM	VIL	VIII Y	DATE						

may be DirectOR: After this certificate has been signed by the attending physician and campletely filled help the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours often detached. VS A1S (4) 15M 9/SS

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

c. LENGTH OF STAY IN 1b

Middle

DIVORCED

At Home

morio

Rosa

WIDOWED A

10a. USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired)

7. MARRIED NEVER MARRIED

MARYLAND

101

B. DATE OF BIRTH

17. INFORMANT

Last

14. MOTHER'S MAIDEN NAME

Unknown

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

Haurs

12. CITIZEN OF WHAT COUNTRY?

Days

ON A FARM?

YES NO NO

Vegr

960

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

9. AGE (In years last birthday)

Month

yrs.

Address

Manths

4. DATE OF DEATH

ofter death. Page 4

1. PLACE OF DEATH

CITY OR TOWN (If autside carporate limits, write

d. NAME OF HOSPITAL (If nat in haspital, give street address)
OR INSTITUTION

6. COLOR OR RACE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

(If yes, give war or dates of service)

RURAL and give nearest tawn)

a. COUNTY

NAME OF

5. SEX

DECEASED

(Type or print)

13. FATHER'S NAME

Joseph

Housewife

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed active by the hospital or ottending physician. TO HOSP

15M

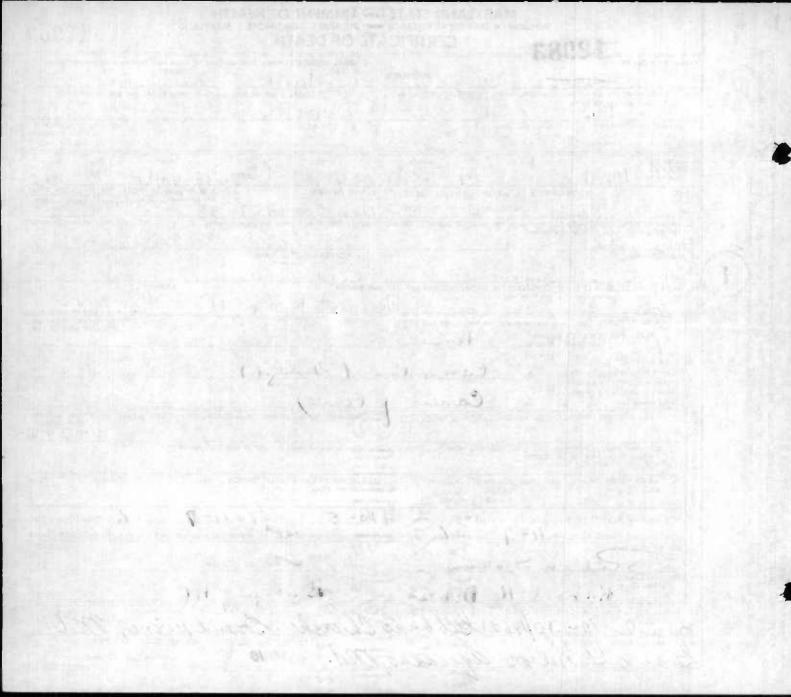
e re		No	None	unknown	James J. Pe	rell and	dameas above.
the ottend Then pleas and in any			ATH [Enter only one cause ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	per line for (a), (b), and (c	Coronery	Throng	INTERVAL BETWEEN ONSET AMD DEATH
signed by it permit.		Canditians, if a gove rise to cause (a), stating lying cause last	immediate DUE TO	arde	ri seens	lie Hearth	dea 5 yrs.
has been rial-trons nation, a	OITAC		HER SIGNIFICANT CONDIT	label	es		N GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
tificote s the bu	AI CEPTIF	OR CONTRIBUTING	G CAUSE OF DEATH		OCCURRED. (Enter nature of injury		
this cer or use o	MEDICA	Havr a.m. p.m.	19	20d. INJURY OCCURRED While Nat while at wark at wark	20e. PLACE OF INJURY (Hame, f factory, street, affice bldg.,	etc.)	(Caunty) (State)
R: After oched fe alth pric		sow the deced					23_, 19_60 that (1) (we) lost as and on the date stated above.
IRECTO I be det d of He	1	22c. PHYSICIAN'S	2007	nalin	M.D. ATTENDING PHYS.	MED. STAFF PHYS.	11-23 6 SIGNED
ERAL D 3 shauld ote Boar	2	NAME (Type)	ON, 23b. DATE THEREOF	Malin	M.D. R.	werdal	med
ro FUNE poge 3 the Stot	5	REMOVAL (Specify Burial	Nov. 26,		incoln Cemete	ery Bladen	20 0 0
15 (4) 9/59		Ww.Ch	on benc	5801 Cle	reland Av CDATE	700 2 8 2 VUN	arthur & Konne
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12022

		12000		CERTIFICA	ATE OF	DEATH				16	300
1.	PLACE OF DEATH	George's	Mary	MARYLAND	CTATE	N and	D.	L COUNTY	n: Residence I	1_	ssion)
	b. CITY OR TOWN RURAL ond give	(If outside corporate lin	nits, write c. LENGT	H OF STAY IN 16	c. CITY S	ok TOWN (IF ou					vn)
	d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital, N	give street oddress)		d. STREE	ET ADDRESS				ON	A FARM?
	NAME OF DECEASED (Type or print)	lattie.	irst M.	Middle	sney	Last	4. DATE OF DEATH	Vovem	ber	Day 7	Year 1960
	emale	Negro	WIDOWED [	DIVORCED [	No V.	25-19	121 3	ast birthdoy) yrs.	Months Da	ys Hours	Min.
1-	during most of w	TION (Give-kind of work orking life, even if retire	d) IOB. KIND OF	BUSINESS OR INL	M	Grylar	nd	·····	Us S	S. A.	COUNTRY
1	Sobert WAS DECEASED E	Barrous VER IN U. S. ARMED FG	ICES? 16. SOCIAL SE	CURITY NO. 17	Con	a Joh	nnson	Addre	ess		
{Ye	n, no, or unknown)	(If yes, give war or dates of	service)	1	terber	+ Pink	ney . ]	Danvi	lle,	Md.	9
		DUE TO DU	(a) 90 0 Car	comba	o Cer	Denney	-()			ONSET AN	
CATION		OTHER SIGNIFICANT CO							N IN PART 1	PERF	ORMED?
L CERTIF	OR CONTRIBUTION	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER]	20b. DESCRIBE HOV								
MEDICA	Hour o. m	10		while	PLACE OF INJU foctory, street, o	RY (Home, form, office bldg., etc.)	20f. (City or	town)	(Cou	nty)	(Stote
	saw the dece 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type	Richard	-7 19 Dalsen Ho Do	bac and that	M.D. ATTENN. PHYS. 22d. At	DING DIR	M, from the	bee	and was \$500 feet-state \$500 and variety \$100.	date state	
230	BURIAL, CREMAT BREMOVAL (Speci	mov.10	1960 Ge	bbons	OR CREMATOR	ch !	Draw	defer	ne,	me	l'
24.	MERAL DIRECTO	LI LO	em. Ma	RESS	md.	DATE NO	by registrar V/D '60	-	TRAR'S SIGN	Liaud	



12934

Reg. Dist. No.

1. PLACE o. COU	of DEATH JNTY Prince	George'	S MA		SUAL RESIDENCE	(Where deceased li	ived. If Institu b. COUNT		fore admission) e George
b. CITY and	OR TOWN (If outside corporate give rearest town) Cheverly Md		D O A.		CITY OR TOWN	(If outside corporot			
	AE OF HOSPITAL OR INSTITUTE George's			iress)	R F D	Bex 1460	)		e. IS RESIDENCE ON A FARM? YES NOCEDO
3. NAME DECEAS (Type o		harles	Middle Ren	zie P	roctor	4. DATE OF DEATH	Novem		Year 19 60-
s. sex male			RRIED NEVER MARI	RIED   8. DATE		le le	GE (In years at birthday) O yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUA during r	AL OCCUPATION (Give kind most of working life, even it non	f refired)	b. KIND OF BUSINESS (	OR INDUSTRY 1	Marylan		7)	US A	F WHAT COUNTRY?
arth.	er's NAME			14. /	NOTHER'S MAIDEN		77		
	DECEASED EVER IN U. S. A		16. SOCIAL SECURITY N	IO. 17. INFOR	AANT	Rosetta	Address	tor	
(Yes, no, or		r or dates of service)	16. SOCIAL SECORITI IN			othy Pro		Joner Ma	rlboro Md
NOTA)	PART I. DEATH WAS CAUS IMMEDIATE C  ditions, If any, which rise to immediate couse storing the underlying e lost.  PART II. OTHER SIGNIFICA	DUE TO  (b)  DUE TO  (c)  ANT CONDITIONS						elea O EN IN PART 1(0)	P. WAS AUTOPSY PERFORMED?
20g. E	EXTERNAL CAUSE WAS ARY Or CONTRIBUTING ( SE OF DEATH.	20b. DESC	RIBE HOW INJURY OCC	CURRED. (Enter n	ature of injury in P	Part I ar Part II af it	em 18.)		
2	Hour a. m. p. m.	W	d. INJURY OCCURRED  /hile Nat while work at wark	factory, sl	INJURY (Home, fa eet, affice bldg., e	orm, 20f. (City or feelc.)	own)	(County)	(Slate)
deat	I certify that I took th resulted from: N				, Homicia	de 🔲, Unde	ection <b>A</b> , termined c		and find that
EXAA	MINER'S Dayton	O. Watl	kins	M.U		ICAL EXAMINER		Nov 8,	1960
		TE THEREOF	Church	Center Center	4	22d. LOCATION	(City, town, o	or county)	(State)

VS. A15ME(S) SM 9/55

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TO HOSPITA

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12984

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

12935

1.	PLACE OF DEATH o. COUNTY	ince George		MARY		o. STATE	Maryla		d lived. If institut b. COUNTY	,		e odmissi Geor	
	b. CITY OR TOWN (III RURAL ond give ne	outside carparate lim arest town)		c. LENGTH OF STAY	IN 1b	c. CITY	OR TOWN (IF	autside corpo	prote limits, write				~
	d. NAME OF HOSPITA OR INSTITUTION					1000	Adelph et Address LO, 100		st.				IDENCE FARM? NO [2]
3.	NAME OF DECEASED (Type or print)	Fii Lela	rst	Middle Estelle	3	Pro	Lost Terr	4. DATE OF DEATH	Mov		Do;		rear 9 60
5.	Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIE	ED 🔯 B.	DATE OF E		96	9. AGE (In years last birthday)	IF UNDER			
L	during most of work Teacher FATHER'S NAME	N (Give kind of work ing life, even if retired	dane 105.	Education			HPLACE (State  ILLSO  R'S MAIDEN N	uri	auntry)	12. CI1		F WHAT	COUNTRY?
		oge W. Prof	fer		10		Shabie :		mton				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. INF	DRMANT		and lich	als.	Iress	-		
L	No. di dikilowaj	It yes, give wor or dates of s	ervice)	9-32-600	5 I	la Pro	offer	90,	100 Vire	o St.	, A	deln	hi. Mo
		TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO  y, which mediate	) Cs	e for (a), (b), and (c). Inanition arcinoma		sc ndj	ng Col	дn			ONSI	RVAL BET AND 1 de	DEATH YS
FICATION				ONTRIBUTING TO DEA	lione	3				VEN IN PAR	T 1(a) 15	PERFO	NO T
MEDICAL CERTIFICATION	20a. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY I  20c. TIME OF INJURY Hour a. 51, p. m.	Month, Day, Yes		Not while	20e. PLAC	OF INJU	Y (Home, farm	20f. (City		(0	County)		(State)
220	ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  BURIAL, CREMATION	aire A.	Christ	od from July 50, and that with au	death a	o	9703	AM, from ADDRESS (S	n the causes of treet, city or town,	and an the state)	last so he dat	e state DA	d obave. TE SIGNED 1-12-
F	FUNERAL DIRECTOR'S	11/14/60 SIGNATURE		GEO. WASH	I. CEM	ETERY	24a. REC'I		RAR 24b. REGI		SNATUR	E	)

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 valued by the haspital or attending physician.

AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, hould be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

O HOSF	O FUNERAL	
VR	AIS	(4)
1S	M 9/	59

1. PLACE OF DEATH o. COUNTY Pri	nce Georges	MARYLAND	2. USUAL RESIDENCE (WI	-	d lived. If instituti b. COUNTY	on: Residence l Prince	cefore admission	n)
b. CITY OR TOWN (III RURAL and give no Camp Spri		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or Potomac H			URAL ond give	nearest town)	
OR INSTITUTION	AL (If not in hospital, give st pital Andrews	reet address)	d. STREET ADDRESS	r Lane			e. IS RESID ON A F YES	ARM?
3. NAME OF DECEASED (Type or print)	First JOHN	Middle TIETJEN	QUINN	4. DATE OF DEATH	Novem		Doy Ye 15	60
5. SEX Male	CATT	NARRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH September 2,	1924	9. AGE (In years last birthday) 36 yrs.	Manths Da	EAR IF UNDER	24 HRS. Min.
OFFICER  13. FATHER'S NAME  MICHAEL	ON (Give kind of work done king life, even if retired)  Retired  R. QUINN	106. KIND OF BUSINESS OR INDI USAir Force	USTRY 11. BIRTHPLACE (Stole Washingto	n, D.(		12. CITIZEN	S S	UNTRY?
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give war or dales of service)	16. SOCIAL SECURITY NO. 17.1	INFORMANT		Add		ts, Md	
Canditions, if or gave rise to it couse (a), stating lying couse last.	the under-	ACUTE IN	T NOT RELATED TO THE TERM				o) 19. WAS ALL PERFORI	UTOPSY MED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year 20		ED. (Enter noture of injury in PLACE OF INJURY (Home, forr octory, street, office bldg., etc.	m, 20f. (Cit	rt II of item 1B.) y or town)	(Cou	nty)	(State)
saw the deceas	sed alive an 15 NU	Bitchho	death occurred of		the causes ar		late stated of 22b.	
22c. PHYSICIAN'S NAME (Type)	NDREW W BUTCH	KÒ, CAPT USAF MO	22d. ADDRESS USAF HOSP	ANDRI	ews, andr <b>e</b>	WS AFB,	WASH 2	5,DC
230. BURIAL, CREMATIO REMOVAL (Specify)		ARLINGTON	/ .	1/101	TION (City, town,	or county) UA.	(Stote)	
24. FUNERAL DIRECTOR	S SIGNATURE VERAL HOME	816 HSL, N.E., VI	VASH 2 ST. DATE DATE	'D BY REGIS		STRAR'S SIGN.	ATURE	

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12957

12932

rs after death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremotian, ar remayal, and in any event, within 7 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSE VR A1S (4) 1SM 9/59

1. PLACE OF DEATH O. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cheverly	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Washington
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Prince George	d. STREET ADDRESS  1516 62nd. Place S.E.  e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF First Middle DECEASED (Type or print) Anne Mary	Lost 4. DATE Month Day Yeor OF DEATH NOV. 24 1960
	8. DATE OF BIRTH  April 25th 1887  9. AGF (In years If UNDER 1 YEAR IF UNDER 24 HRS In UNDER 24 HRS In UNDER 25 Hours Min.
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At Home	STRY 11. BIRTHPLACE (Stote or foreign country)  Chicago III  12. CITIZEN OF WHAT COUNTRY  U.S.A.
13. FATHER'S NAME Smith	14. MOTHER'S MAIDEN NAME Annie
(Yes, no as unknown)   (If yes, give war, or dates of service)	aniel R. Raum Carmody Hills Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under.  Iying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	ocel-12 He left Cen. INTERVAL BETWEEN ONSET AND DEATH  Jack Styles Left Cen.  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctory, street, office bldg., etc.)
220. SIGNATURE, MAN IL A ENGLE	death occurred at 2:55 ArcM the causes and an the date stated above
22c. PHYSICIAN'S NAME (Type) Hans Wodak	M.D. PHYS. DIRECTOR PHYS. 17 29 19 60  22d. ADDRESS  9E Parkway Greenbelt, Md.
23a. BURIAL, CREMATION, PRINCE THEREOF REMOVAL (Specify) 11-28-60 Washington	
W.W.Chambers Co. 517 11th St. S.E. Was	Sh. D.C. DATE 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE

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tout mer bookstok famo	ngkon Inskin	life of the	6 - 8 - 8 -	1-1-1
			ות, בזו מז	sed sed .

b. CITY OR TOWN (If outside corporate limits, write

PLACE OF DEATH

C. LENGTH OF STAY IN 16

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

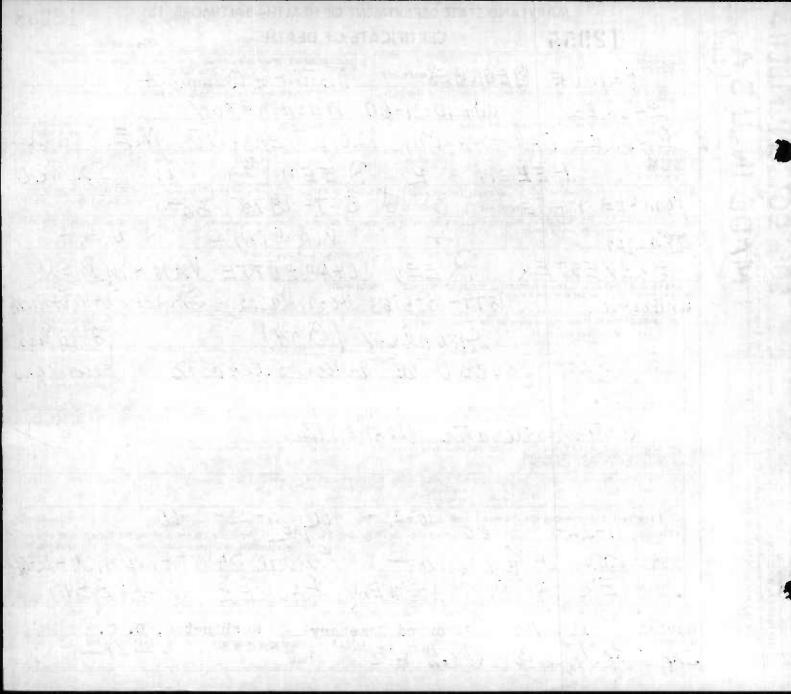
the funeral director, should be filed with pup campletely filled Poges pup physician attending may be refained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached for use as the burial-transit permit. Their the registrar prior to burial, crematian, ar remayal, and in any event

requires that the death certificate be executed within 24

VS A15 (4) 15M 9/58

	LAUREL alm. 10-21-60 WasHINGTON 4->X-
	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  LAW TARIUM  ON A FARM?  YES IN NOTE  ON A
	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  NAME OF DEATH (1)  NAME OF DECEASED (1)  NAME
5. S	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthdoy)   Months Doys Hours Min.
10å.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY VIR HILL OF BUSINESS OR INDUSTRY VIR HILL OF WHAT COUNTRY VIR HILL OF WHAT
	SYLVESTER REED CHARLUTTE VANAMBER
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give war or dates of service) 577-18-6763 1709P. RCLORIS ALVIEL SANITARIO
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  (b) Cerelly all arters of cerein to the condition of the under-lying couse lost.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  YES   NO
	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  P. m.  19  20d. INJURY OCCURRED Foctory, street, office bldg., etc.)  Yhile Not while of work of
	21. I certify that I attended the deceased from 10-21-, 1960, to 11-22-, 1960 that I last saw the decease alive an 11-22-, 1960, and that death accurred at 730/M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  DATE SIGNE
	SIGNATURE FORM P. MULLIMANT M.D. LAWREL PANITARIUM 11-22-
220	PHYSICIAN'S TRIFA P. RAEMER TAUREL MARKET THEREOF 120 NAME OF CEMETERY OF CREMATORY 1210, LOCATION (City, fown, or county) (Stole)
-	- BURIAL CREMATION, 22b. DATE THEREOF (Stole) 22c. NAME OF CEMETERY OR CREMATORY (Specify) 22d. LOCATION (City, fown, or county) (Stole) urial (Specify) Urial
-	FUNERAL DIRECTOR'S SIGNATURE  2 9 DORESS 4 th St. N. W. 240. REGISTRAR'S SIGNATURE  14 J. J. Junes Co. 2 9 DORESS 4 th St. N. W. DATE



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 12933

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		LACE OF DEATH			2. USUAL RESIDENCE (WH		. If institution: Residence	e befare admission)
NA)			nce Heorges	MARYLAND		rvland	Prince	Georges
241			side corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate lis	nits, write RURAL and g	
		Cheverly		6 days	Mt.	Rainier		
>.	5	OR INSTITUTION	nat in hospital, give street	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
1		Prince Geo	orges General	Hospital	4000		St.	YES NO
		NAME OF DECEASED	First	Middle	Last	4. DATE OF	Manth	Day Year
			Linda	В	Reed	DEATH	Nov 27	1960
	5. 5	EX 6. 0	COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG		1 YEAR IF UNDER 24 HRS. Days Hours Min.
			white widows	70.	21 July 1		3 yrs.	
	100	during may a working I	Sive kind of work done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZ	ZEN OF WHAT COUNTRY?
-	13	FAITHER'S NAME	George	July pro c	14. MOTHER'S MAJDEN	JAME!	grilla	un
		Henry	Weakle	4	mallie	- Hall	ahue	
		WAS DECEASED VER IN		SOCIAL SECURITY NO. 17. IN	FORMANT	. 0	Address al	ove
-	{101	, no, or unknown) (If yes,	give war or dates of service)	9-203448 m	s. Khoda	Lee?	ell- De	nighter
			Enter anly ane cause per li	ne for (o), (b), and (c).]	- Date 14	()		INTERVAL BETWEEN
		PART I. DEATH V	ACDIATE CALLCE (-)	tiple Pulmonar				24 hours
		410	DUE TO COI	gestive Heart				1 week
		Conditions, if any,	which it	cardial Infarc				1 week
		gove rise to imme couse (o), stating the u	, > DHF IO	ombosis of Lef		0		1 week
		lying couse lost.	(c) Cor	onary Arterios	clerotic hear	t diseas	0	years
	ON ON	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
)	S							YES 🚺 NO
	CERTIFI	20g. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	DERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part 1 or Port 11 of	item 18.)	
		20c. TIME OF INJURY A		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	n, 20f. (City or to	wn) (C	aunty) (State)
	WEDICAL	Hour o.m.	19 While of wor	IAGI WIIII6	tory, street, affice bldg., etc	:.)		
	2	p. m.		130	Nov. 27 10	60 N	07 106	0 45-4 (1) ( -) 1 - 1
				led the deceased fram.				
		saw the deceased	alive an	26 19 60, and that a	eath accurred apol	Waterram the	causes and an the	22h DATE
			5	1	M.D. ATTENDING M	ED. STA	AFF YS.	11-27-50
		22c. PHYSICIAN'S	John St.	1 proces	22d. ADDRESS	IKECIOK 🔲 🗡	13. 🕰	1111100
		NAME (Type)	r. Chas. D. C	onnor, M.D.	5813 Lan	dover Rd	. Cheverly	, Md.
0	230		23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23 LOCATION	(City, town, or county)	(Stote)
De	19	REMOVAL (Specify)	1120 60	Oldar Hi	ee	Suite	and fr.	Leonges me
18	24.	FUNERAL DIRECTOR'S SIG	SNATURE	ADDRESS	4 250. REC	D BY REGISTRAR	25b. REGISTRAR'S SIG	
	N	alleys Tu	recal Home	, Mr Kame	MY DATEDE	C 1 '60	arthur S.	Kraus
		00-10-01	A .	1 1101-100000		4		

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the formeral director, s ofter death. Page 4 may be taxined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 the State Board at Health priar to burial, cremation, ar removal, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

VR A15 (4) 1SM 9/59

C

## MARYLAND STATE DEPARTMENT OF HEALTH 12986 CERTIFICATE OF DEATH

12940

	1. PLACE OF DEATH O. COUNTY PRINCE G	EORGES		MARI	rland :	O. STATE DISTRICT		d lived. If institution	on: Residence	before odr	mission)
M	RURAL ond give ne	f outside corporate limit carest town) AIR FORCE F		LENGTH OF STAY		c. CITY OR TOWN (IF C		prote limits, write R	URAL ond giv	re nearest to	own)
	d. NAME OF HOSPIT	AL (If not in hospital, gi				d. STREET ADDRESS				e. IS	RESIDENCE
2	OR INSTITUTION	P ANDREWS.	WASHI	NGTON D	C	1332 U ST	SE				A FARM?
F	3. NAME OF	Fin		Middle	1	Last	4. DATE	Mon	th	Dov	Year
1	(Type or print)	JOHN		LOUIS		RIOUX JR	OF DEATH	NOV	EMBER	29	19 60
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED (X) 8.	DATE OF BIRTH		9. AGE (In years			NDER 24 HRS.
1	MALE	CAUCASIAN	WIDOWED	_		29 NOVEMBER	1960	lost birthdoy) yrs.	Months D	oys Hou	Min.
-	IOa. USUAL OCCUPATIO	ON (Give kind of work of	one 10b. Kil			Y 11. BIRTHPLACE (Stote			12. CITIZI	EN OF WHA	AT COUNTRY?
	during most of work	(ing life, even if retired)		NONE		MARYLAN			UNIT	משיו	TATES
1	13. FATHER'S NAME			NONE		14. MOTHER'S MAIDEN I			LOIVIL	TED 21	LAIES
1	TOTAL TOTAL	DIATE				FRANCES PAT		BEDOU			
	JOHN LOUIS		ES? 16. SO	CIAL SECURITY NO	). 17. INFO		TUTOTA	PEROW	ress		
1		(If yes, give war ar dates of se	rvice)	NONE	1	WHER		_		ITEM	#2
	18. CAUSE OF DEA	TH [Enter only one co	use per line	for (o), (b), and (c)	-]	NETWORK NAMED IN			M I EST		BETWEEN
	PART 1. DEA	TH WAS CAUSED BY:	F	ulm	zen	en at	· Don	tasis		ONSET A	ND DEATH
	163	DUE TO		0						36	nels
	Conditions, if a	ny, which	/	nen	711	Time Ta				17	争。
	gove rise to in	mmediate (				1	TECT I			1104	ES 401
	lying couse lost.	the <u>under-</u>				0					
2	PART II. OTH			NTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PART	1(o) 19. W	REQRMED?
	(IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY C	OCCURRED.	Enter noture of injury in	Port I or Por	rt II of item 18.)			
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	White of work [	Not while of work		E OF INJURY (Home, form ry, street, office bldg., etc		y or town)	(Co	ounty)	(Stote)
	21. I certify tha	it (1) (this haspital	) attended	d the deceased	fram 2	9 NOV 19	60 ta	29NOU	19 6	O that (i	l) (we) last
Ш		sed alive an 29				th accurred a#110	A, fram	the causes an	d an the	date stat	ted abave.
	220. SIGNATURE	01/	4							11111	22b. DATE
	Leo	M. Ka	in	0	M.		ED.	STAFF PHYS.	29 NO	OVEMBI	ER 1960
	22c. PHYSICIAN'S		1			22d. ADDRESS				_	
	NAME (Type) LEO R	KAIRYS CAP	USAF	(MC)		USAF HOSP	ANDRE	WS, ANDREW	IS AFB,	,WASH	25,DC
	23a. BIRIAL, CREMATIO REMOVAL (Specify)			Cicling Z	NETERY OR	REMATORY Lional	23d. LOCA	TION (Gity, town,	or county)	()	Stote)
	24. FONERAL DIRECTOR			ADDRESS	_	, 25a. REC'	D BY REGIS	TKAR 256. REGI	STRAR'S SIGN	VATURE	340.53
1	Rugaldi Fr	word Home	810	SH CH. 7.	1.6. h	esh 200 DATBER	1 '60	Col.	200 8. H	Aus	
	2051	5192XV	1		li de es			the same			

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AX MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a play is necessary, secute the certificate, writing the word "pending" in pencil in liem 18. Give Pages 1, 2, and 3 to the tuneral director. Page be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filler. EAL DIRECTOR: Page 3 should be used as a burial-transit form File pages 1 and 2 with the State Board of Health signaled agent, prior to burial, cremation, or removal, and it any goant within 72 hours after death.

please execute the certificate, writing the word "pending" in pencil in 4 should be forwarded to the Chief Medical Examiner's Office along TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transity its designated agent, prior to DE OH VS. A15ME 5M 7/59

SIGNATURE

NAME (Type)

EXAMINER'S

Division of STATISTICAL RESEARCH					RE 1, MAR	12	341
1. PLACE OF DEATH a. COUNTY  Prince George ! g.	MARYLAND	2. USUAL RESIDE 8. STATE Marvl		ceased lived, If ins b. COUNTY		Ge Ge	dmission)
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)  Riverdale	8 Hours	Gree	(If outside corpo nbelt	prete limits, write R	URAL and give	nearest tow	n)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital Ho		d. STREET ADDRES	rel Hi	ll Road			SIDENCE A FARM? NO
3. NAME OF First DECEASED (Type or print)  JUDY	LYNN RO	BERTSON	4. DATE OF DEATH	Nov.	20 20	19 <sub>6</sub>	
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED NEVER MARRIED NEVER MARRIED	May 3. 19	51	AGE (In years IF last birthday)  yrs.	UNDER 1 YEAR	Hours	24 HRS. Min.
done during most of working life, aven if retirad)	School		e or foreign cou		U.S.		OUNTRY?
Norman L. Robertson  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. 5. (Yes, no. or unkown)   (Ifyesgive war or delas of service)	OCIAL SECURITY NO. 17.	Ruthale	e V. E		Q Laur	el H	111
NO NONE  18. CAUSE OF DEATH [Enter only one cause per lin	None Mr	s.Ruthale	V. Ro	bertson	,Rd.,G	reen ERVAL BET	belt,
Conditions, if eny, which geve rise to immediate cause (a), stating the undarlying DUE TO	ive Intesti stinal purp cillin Reac	oura	rhage		0.0	SET AND I	DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONT Sclerotic Lesion	of Brain How injury occured.	OT RELATED TO THE TERM				PERFO	
	JURY OCCURRED   200. PL/	ACE OF INJURY (Home, fe	orm,   20f. (City		(County)		(State)

21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X, Inquiry X and in my opinion

Homicide . Undetermined manner death resulted from: Natural causes Accident Suicide ACTUAL ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER JAMES I.

November BOYD, M.D. Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)

22a. BURIAL, CREMATION, REMOVAL (Specify) Nov. 23, 1960 Arlington National Burial
23. FUNERAL DIRECTOR Arlington, Virginia
246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE

W. W. CHAMBERS CO., Riverdale, Md.

22b. DATE THEREOF

DATE NOV 2 3 '60

arthur S. Kraue

DATE SIGNED

(State)

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	Ainigaly teek	At School		PIIdO
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Ladnaera (	Nes. Rutheles V. Robertson	enol	S.D.A	61.
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### MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) (Signal) a. COUNTY b. COUNTY files. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 uneral director. YOUR 10 write RURAL and give nearest town) mari d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital. retained for STREET ADDRESS State NAME OF DATE DECEASED 3 to the OF the (Type or print) DEATH with 5. SEX DATE AGE (In years | IF UNDER 1 YEAR 7. MARRIED THEVER MARRIED 2 with age 5 may 1 and 2 wil 72 hours 2, and : last birthday) WIDOWED DIVORCED hours after 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) Page s done during most of working life, even if ratired) in pencil in Item 18. Give Pages 1, none PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM E T 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no, or nokown) | (If yes give war or dates of service) Office along with burial-transit perm This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal. Conditions, if any, which (b) "pending" gave rise to immediata cause Examiner's (0) DUE TO (a), stating the underlying SE causa fast. be used cremation, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION ease execute the certificate, writing the word Medical pinous 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | OIY MEDICAL EXAMINER: CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 2Df. (City or town) factory, street, offica bldg., atc.) 2 While Not Whila Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy A. Inspection . agent, Natural causes death resulted from: Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Streat, city, town, or county) DEP OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d\_ LOCATION (City, town, or country) NAME OF CEMETERY BEMOVAL (Specify) GILD NATIONAL 0 Q40 JURIAL FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15MÉ 816 arthur & Kensel

e. IS RESIDENCE ON A FARM?

YES NO F

IF UNDER 24 HRS

2-19

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(County)

NO [

(Stata)

and in my opinion

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

HELLEN TO THE PERSON OF THE POARS THE ACCOUNT OF THE PROPERTY AND ACCOUNT OF THE PROPERTY OF THE Contract of th 378.570

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	1230.7	CERTIFICA	TE OF DEATH		
1.	PLACE OF DEATH / rence George O. COUNTY LELAND MEM. HO	SPITA MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	nere deceased lived. If institution b. COUNTY	: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RIVERDALE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write RUF	RAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION LELAND MEM. HOSPITAL		d. STREET ADDRESS	wcett Ave.,	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) CORA	Middle D •	ROSE	4. DATE Month	Day Yeor 2. 1960
S.	FEMALE COL. WIDOWEI	ED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2/24/92	111111111111111111111111111111111111111	FUNDER TYEAR IF UNDER 24 HRS Months Doys Hours Min.
	DOMESTIC	IND OF BUSINESS OR INDU	PITTS.	, PA.	U.S.A.
)	WILLIAM J. DADE  WAS DECEASED EVER IN U. S. ARMED FORCES? 116. S	OCIAL SECURITY NO. 177.	MARY E.	SANDERS	
	ns. no. or unknawn) (If yes, give war or dates of service)	71-26-8726 1	MRS. HENRIE		15
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cause (o), stoting the under-lying cause lost.  DUE TO  Conditions of the under-lying cause lost.	arteri	nary h	eart attac	INTERVAL BETWEEN ONSET AND DEATH NOW.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE			N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. IN Hour a.m. While at work	Not whilefo	ACE OF INJURY (Home, farm actory, street, office bldg., etc		(County) (State
	21. I certify that (I) (this haspital) attended saw the deceased alive on 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 8 4 U T.	19 Colond that c	death occurred at 2	15	that (I) (we) last an the date stated above 22b.DATE 11/2/6
23	BURIAL (CREMATION, 23b. DATE THEREOF BURIAL 11.4.60	23c. NAME OF CEMETERY C		MCKEESPORT	PA.
34	FUNEPAL DIPECTOR'S SIGNATURE	ADDRESS	25° DEC.	D BY DECICTDAD   DCL DECIST	PAP'S SIGNATURE

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSP VR A1S (4) 1SM 9/59

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irs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

G. McGuire 1820 9TH ST., N.W. WASHINGTON1, D.C.

March 12 12 20 1 April No. CALLEY FEET HAT THE BUILD OF THE STATE OF TH CARREST . CARREST MULTIPLE ATTEMPTED OF BUILDING TO STATE 

# FOR STATE HEALTH DEPT.

TO DEFOXY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a reclay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burish man, permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in yo event within 72 hours after death. VS. A15ME

5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12934 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)  e. STATE  b. COUNTY
Prince George's MARYLAND	MARKIANA PRINAXENANERIS
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	
Cheverly	Washington D C 4 7 X -3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Washington, D. C.  d. STREET ADDRESS  O. IS RESIDENCE
004 74 4 -	1870 Voggoobygotta Ave G T YES NO D
0.0.A. Prince George's Hospiddle	1600 Massachusetts Ave., S.E. YES NO NO NOTE OF YOUR NOTE
DECEASED	OF
(Type or print) Ivan Houston Rowe	DEATH NOV. 18, 1960
The real miration of	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Months   Days   Hours   Min.
WIDOWED DIVORCED	July 17, 1937 23 yrs.
Da. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Attendant Service Statio	Wolfeston Cook We W A
B. FATHER'S NAME	Moffattes Creek, Va. U.S.A.
Dichard A Darra	
Richard C. Rowe  . WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Ethel M. Hardison
'es, no, or unkown)   (ffyesgive weror detes of service)   >>	1630 Mass. Ave.
No None unknown M	ir.Richard C. Rowe, S.E., Wash, D.C.
	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cashing	and the season
Y DIO DUE TO	
Conditions, if eny, which \ (b) a cute Ca	Non monotice Donne
gave rise to immediate ceuse	
(a), steting the underlying DUE TO	V V
cause last. (c) (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  206. EXTERNAL CAUSE WAS PRIMARY IP or CONTRIBUTING  CAUSE OF DEATH.	YES NO I
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	(Enter neture of Injury In Part I or Pert II of item 18.)
	seat of his can with huston rung
20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20c. PL	
Thou a.m.	ctory, street, office bldg., etc.)
	neld an Autopsy , Inspection F, Inquiry F, and in my opinion
21. I certify that I took charge of the remains described above, h	
	icide, Homicide, Undetermined manner
death resulted from: Natural causes, Accident, Sui	
	icide . Homicide . Undetermined manner
death resulted from: Natural causes, Accident, Sui	CHIEF MEDICAL EXAMINER DATE SIGNED  M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
death resulted from: Natural causes, Accident, Sui	CHIEF MEDICAL EXAMINER DATE SIGNED  M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
death resulted from: Natural causes , Accident , Sui  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  James I. Boyd  Re. BURIAL, CREMA/ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO.	CHIEF MEDICAL EXAMINER DATE SIGNED  M.D. DEPUTY MEDICAL EXAMINER NOVEMber 18, 1960  Address (Street, city, town, or county)  November 18, 1960
death resulted from: Natural causes, Accident, Sui  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  James I. Boyd	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)  November 18, 1960
death resulted from: Natural causes, Accident, Suitanture	CHIEF MEDICAL EXAMINER DATE SIGNED  M.D. ASSISTANT MEDICAL EXAMINER NOT DEPUTY MEDICAL EXAMINER NOT SIGNED  Address (Street, city, town, or county)  OR CREMATORY  22d. LOCATION (City, town, or county)  (State)
death resulted from: Natural causes, Accident, Suitant, S	CHIEF MEDICAL EXAMINER DATE SIGNED  M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NOT COUNTY)  Address (Street, city, town, or county)  OR CREMATORY  22d. LOCATION (City, Jown, or county)  ON Malional  24e. REC'D BY REGISTRAN 24b. REGISTRAN'S SIGNAPOLIUM  24e. REC'D BY REGISTRAN 24b. REGISTRAN'S SIGNAPOLIUM

Bringe George ! atterness of the second of the . . . . . soumalment 2.0.A. Frince George's Bosn. 1600 Haseschusette No., S.E. walk 18, le vel Ivan Houston Hows Mele White July 17, 1937 123 Attendant Bervice Station Moffettes Creek, Va. 10.3.1. Egitel M. Hardleon. Blanard C. Rowe 1630 Mage, Ave. nelson . Tr. Bionerd C. Bore, B.E., Wash., D.C. November 18, 1960. byod .I samet I sayd MARINE CONTRACTOR OF THE PROPERTY OF THE PROPE W. W. OH. HELRE CO. . Hiveriane, M. W.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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		1807
1.	PLACE OF DEATH O. COUNTY RINCE GOO. CONNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RIRAL and give neacest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not a hospital, give street address) OR INSTITUTION OF OF OF OF OF THUS P	d. STREET ADDRESS  ON A FARM?  YES NO.
3.	NAME OF DECEASED (Type or print) (Type or print)	RUPARD 4. DATE NOV 25 1960
5.	SEX ALE 6. COLOR OR RACE 7. MARRIED MIEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  Jan, 17, 1902  9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HR)  Months Days Hours Min.
100	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. CITIZEN OF WHAT COUNTRY
13.	Juseph M RNPAR	RACHARI TAYLOR
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16/SOCIAL SECURITY NO. 17.  (If yes, give war or dolgs of service)  17/-10-3182	WILL & RUPARD WILL
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost.  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost.	trombasis intervendonser Desease Emphysema
CATION	Circhosu	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?  YES NO []
CERTIFI		ED. (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work of the other of the other work of the other hours.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State octory, street, office bldg., etc.)
		death accurred and my, fram the causes and on the date stated above
	22c. PHYSICIAN'S	M.D. ATTENDING MED. STAFF PHYS.   11/25/60
	NAME (Type) William D Rosson	5701 85th Ave, HYATTSULLE, MD
230	G. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 11-29-60	or CREMATORY 23d. LOCATION (City, town, or county) (Stote)
24.	FUNERAL GIRECTOR'S SIGNATURE LADDRESS TRANSPORT TOTAL	250. REGISTRAN 256. REGISTRAN'S SIGNATURE CITILUT & TOTALLA

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremption, or remaval, and in any event, within 72 hours after death. may be revelined by the hospital or attending physician. VR A15 (4) 15M 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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rs after death. Page 4

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death. Page 4 funeral director, ald be filed with	1.	PLACE OF DEATH	1		
	1	Prince	George		
Se of the se of		. CITY OR TOW	N (If outside corporate	e limits, wr	te C. LENGTH
d b		- N	e nearest town)		25
ofter death.	-	Chever I	SPITAL (If not in hospi	tol, give st	reel oddress)
0 - >0		OR INSTITUTION	The state of the s	nonol	Vocaita
	3.	Prince	George Ge	First	nvsp. va.
40-		DECEASED (Type or print)			
vithin 2. ely fille Pages ir death	5. 5		6. COLOR OR R.	ACE 7	Н
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Po Po		LINO	TYPE OPER	ATOR	
an ond corban iin 72 h	13.	FATHER'S NAME			
rificate be executed within physician and completely smove carban popers. Pagint, within 72 hours ofter de		JAC	OB SA	PP	
physic g physic femove ent, wit			EVER IN U. S. ARMED		16. SOCIAL SECU
2000	(10	No or unknown)	(If yes, give wor or dat	es of service)	140-01-
leath ce		1B. CAUSE OF	DEATH [Enter only o	ne couse p	er line for (o), (b),
D E DE		PART I.	DEATH WAS CAUSED	BY:	Cente
4 44 6		54	1 1	JE TO	CELLO
thot the tr. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Constitution of		, ,	720 6
gned l permit		Conditions,	o immediate !	(b)	much
signed by permit		couse (o), stot	ing the under-	JE TO	Le-To
ion sit sor	-	lying couse to		(c)	1707
physician as been s ial-transit ation, or	CERTIFICATION	PART II.	OTHER SIGNIFICANT		NS CONTRIBUTING
N: The low ding physicate has be burial-tra cremation.	S		C	ende	en - l'ai
	RTIF	20a. ACCIDENT	WAS UNDERLYING THE	20b.	DESCRIBE HOW IN
of,		(IF EITHER, NOT	TIFY MEDICAL EXAMIN	VER)	
r att cert cert buri	MEDICAL	20c. TIME OF IN			d. INJURY OCCUP
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DING PHY: hospital or After this or hed for use n prior to b				aital) att	anded the dec
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ATTENDIN yy the hos TOR: Aft detoched Health pr		220. SIGNATUR	eased alive an_	11-	190-
		220. SIGNATUR	1106		erba 1
× 7 4 0 0	3	206. PHYSICIAN	1 Non	rar	grace
B 2 X	3	NAME (Typ	Dr. Sau	1 Swa	rtzback,
3 s ote	230	BURIAL, CREMA	ATION, 23b. DATE TH	IEDEO E	23c. NAME
moy be poge 3 poge 3 the Stot	200	ASMOYAL (Spe		10-19	D LOCK
0 E O g =	2	FUNERAL DIRECT		0-0	7
	24.	A/ W/ Ph	or's signature	(00 (	Percendo
VR A15 (4) 15M 9/59		VIVICI		00,	- Comme

1.	PLACE OF DEATH			44.40.44	(	USUAL RESIDENCE (Who o. STATE	ere deceased live	ed. If institution	n: Residence be	fore adm	nission)
1	Prince	George		MARYL	AND	Maryland	Princ	e Geor	98		
	b. CITY OR TOWN RURAL ond give	(If outside corporate lin nearest town)	nits, write	C. LENGTH OF STAY I	N 1b	c. CITY OF TOWN UF	tside corporote	limits, write RL	TRAL ond give r	nearest to	own)
	Cheverly			5 Weeks		Th					
	OR INSTITUTION	PITAL (If not in hospital,	give street o	oddress)		d. STREET ADDRESS			1207	ON	RESIDENCE
-	Prince	George Gene	ral Ho	spital		2501 Que	ens Char	pel Roa	d	YES	□ NO □
3.	NAME OF DECEASED	F	irst	Middle		Last	4. DATE OF	Mont	h	Day	Yeor
	(Type or print)	Barker		и		Sapp	DEATH	Nov.		23	1960
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	B. 1	DATE OF BIRTH	9. /	GE (In years	IF UNDER 1 YE	AR IF UN	IDER 24 HRS
M	lale	White	WIDOWE		_	Feb. 23.189		67 yrs.	Months Day	s Hou	rs Min.
100	. USUAL OCCUPAT	TION (Give kind of work	done 10b.	CIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign countr	γ)	12.CITIZEN	OF WHA	TCOUNTRY
	during most of w	OPERA				EASTON	PENA	11/4	1 1 1	e	Λ
13	FATHER'S NAME	YPE OPERA	CH			4. MOTHER'S MAIDEN N		A		01	7.
10.	ina	D SAD	D			MARV	FRI	CK			
15	WAS DECEASED E	VER IN U. S. ARMED FO	PCESS 14 S	SOCIAL SECURITY NO.	17, INFO		, , , ,	Addr	mtt		
	s, no, or unknown)	(If yes, give war or dates of		10-01-5909			SAPP	SAA	AE AS	本る	2
	14 0		, ,	0.0772	1/1//~	5 121(1201	3/111		1		
		EATH [Enter only one of	ouse per lin	e for (o), (b), ond (c).]	-	11			0	NSET AT	BETWEEN ND DEATH
	PARI I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	0)	releva	1 1	near bo	en			230	cour
	154	DUE TO	0	1 1	(	)			111570	. Day	0
	Conditions, if	ony, which )	b) /	meltre	2/0 0	Lasel	1			230	4055
	gove rise to	immediate DIET	.01	1 - 1	1	y.					
	lying couse for	ig the under-	0)	osteri ,	Rese	eter for	uodan	~ Elle	2 "	268	2009 5
ON	PART II. O	THER SIGNIFICANT CO	VDITIONS C	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1(0	19. WA	AS AUTOPSY
CATION		Can	de	- Vascul	2a S	Direces .					NO [
_	20a. ACCIDENT	WAS UNDERLYING	20b. DESC	RIBE HOW INJURY OC	CURRED. (	Enter noture of injury in F	ort I or Port II o	of item 1B.)			
CERTIF	OR CONTRIBUTION	NG CAUSE OF DEATH									
AL	20c. TIME OF INJ	URY Month, Doy, Y	ear 20d, IN	JURY OCCURRED	20e. PLACE	OF INJURY (Home, form,	20f. (City or 1	lown)	(Count	ty)	(Stote
WEDICA	Hour o. m	10	While	Not while	foctor	, street, office bldg., etc.	)				
Z	p. m	1. ''	ot work	ot work		.0 - 3 -	i Ne	22 22	60		
	21. I certify th	hat (1) (this haspite	il) attende				1.10	ov. 23			) (we) las
	saw the dece	ased alive an_11	-2)	1960 , and	that dea	th accurred at 212	OA 6Mm the	causes an	d an the do	te stat	ed abave
	220. SIGNATURE	1/		1		/			4		22b. DATE
	Alex	John	with!	had	M.E	ATTENDING ME	D. SECTOR P	TAFF HYS.	100-2	3,1	96 0
	ME. PHYSICIAN'S		~ /-	back M D		22d. ADDRESS	1	1 0			
	NAME (Type	Dr. Saul	Swartz	zoack, .D.		1726	Eggl	Ir h	u.le	onl.	6.9 4
23	BURIAL CREMAT	ION, 23b. DATE THERE	OF	23c. NAME OF CEME	TERY OR C	REMATORY	23d. LOCATION	I (City town	or county)	16	itatel
	ZSMOYAL (Speci	ful and and	-60	Locust	FIL) 1	EMETERY	DOVER	, , ,	JERSI		itote)
24	FUNERAL DIRECTO	DP'S SIGNATURE	00	ADDRESS	1,		DOVE N		TRAR'S SIGNA		
24	W.W.Ch	ambers 6	io. Ru	verdala	ma	2So. RECO	UV 28 60			OKE	
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	12937	ON OF S	CERTIFI	CA	TE OF DEAT	H	MARILAND			12!	347
1. PLACE OF DEATH o. COUNTY Pr	ince George	l g	MARYL	AND	2. USUAL RESIDENCE o. STATE Marvla		d lived. If instituti b. COUNTY	an: Resider			
b. CITY OR TOWN RURAL and give	(If outside corporate lim nearest town)	its, write	c. LENGTH OF STAY II	N 1b	CITY OR TOWN	(If outside corpo	prote limits, write R	URAL ond	give nea	rest tawr	1)
Cheve						rdale				10.000	IDEN ICE
OR INSTITUTION	PITAL (If not in hospitol, (N	give street o	iddress)		d. STREET ADDRESS						FARM?
	George's Ger					altimore					NO
3. NAME OF DECEASED		rst	Middle		Last	4. DATE OF	Mon	ith	Day		Year
(Type or print)		lyian	G.		Sarton	DEATH	Novem		2		19 60
S. SEX	6. COLOR OR RACE		ED NEVER MARRIE		B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months	Days	Hours	Min.
Female	White	WIDOWE	bound		7-1-11		49 угз.				
during most of w	TION (Give kind af wark orking life, even if retired	dane 10b, i	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPLACE (St	tote or fareign o	country)	12. CIT	IZEN OF	WHATC	OUNTRY
	ewife		own home		Virgi			U	S	1	
13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME					
Unknown					Unknown	orthic c					
1S. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.		NFORMANT .		Add				
,,	no	-		Ro	bert A. Sai	rton h	liverdale	e, Md	•		
CATIO	immediate DUE TO	2-N Ar Ar Apitions	tery terioscler ONTRIBUTING TO DEA	ecol oti TH BUT	ndary to thr	RMINAL DISEAS	SE CONDITION GIV			PERFC	AUTOPSY DRMED?
(IF EITHER, NOTI		ar 20d. IN	JURY OCCURRED	20e. PL	D. (Enter nature of injury  ACE OF INJURY (Hame, f	form, 20f. (Cit		(	County)		(Stote)
Hour o. m	10	While at work	Not while of work		A street, divice bidg.,	elc./			- 41		
	hat (I) (this haspital cased alive an III	lu		that e	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF	an th		stated	we) last d abave b. DATE SIGNED
23a. BURIAL, CREMAT REMOVAL (Speci	TION, 23b. DATE THERE		23c. NAME OF CEME				TION (City, town,			(Stai	te)
24. FUNERAL DIRECTO	Nov 25,	1960	Ft Linco	In	Cemetery		ar Manor	STRAR'S SI	GNATU	) F	
EI)					25a. R	WY Z	8 160				
F. Ga	asch's Sons	Hyan	tsville.	Md.	DATE			arthur	1. 10	LALLA	

physician and completely filled in requires that the deoth certificate be executed within 24 hours after death popers. event attending Then please any pup moy be refizined by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached for use as the buriol-transit permit. The State Board of Health priar to burial, cremation, ar remayal, OR ATTENDING PHYSICIAN: The law

rs after death. Page 4

by the funerol director, d 2 shauld be filed with

Pages 1

TO HOSP! VR A15 (4) 1SM 9/59

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		C. yelfiyayayaya anot a	do-str.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawn) d, NAME OF HOSPITAL OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE (If got in hospital, give strephaddress) ON A FARM? YES NO NAME OF Middle 4. DATE Month Day DECEASED (Type or print) DEATH 19 600 5. SEX 6. COLOR OR RACE 7. MARRIED PNEVER MARRIED 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause lost. CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. EXTERNAL CAUSE WAS
PRIMARY CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Nat while While 0 0 at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [7]. Inspection [7], Inquiry and find that death resulted from: Natural causes . Accident . Suicide , Homicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAL **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION. 226. DATE THEREOF 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 30-60 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS. A15ME(5) CHAMBERS CO. Riverdale, Md. arthur S. Horana DATE NOV 2 9 '60

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 293 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) Health, a. COUNTY funeral director. Paga ined for your files. b. COUNTY a. STATE MARYLAND Maryland Prince Geor George Prince Ce George
WN (if outside corporata limits, c. LENGTH OF STAY IN 16 for your Board of I write RURAL and giva naarast town) Jo d. STREET ADDRESS Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) Boar e. IS RESIDENCE YES NO State E be retained Prince 3107 Bunker Hill George General Hospital Road death. in 24 hours after deans. Siva Pages 1, 2, and 3 to the fur in PM3. Page 5 may be retail ile pages 1 and 2 with the Str within 72 hours after dea DATE DECEASED (Type or print) DEATH November ELIZABETH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 62 yrs. Months Days Hours WIDOWED DIVORCED Female 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stata or foraign country) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, evan if relired) Housewife Pennsylvania U.S.A. Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil in Item 18. Giva William Isabelle Williamson Francis File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mt.Rainier. Md. permit. (Yes, no, or unkown) | (If yasgiva war or datas of service) Office along with burial-transit permi None Joseph C. Bunker Hill, Rd. No Shenk, None Y MEDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enler only ona cause per line for (a), (b), and (c). INTERVAL BETWEEN . 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which "pending" gave risa lo immediata causa m Medical Examiner's DUE TO SE (a), stating the underlying 50 nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY PERFORMED? 2 ease execute the certificate, writing the word X YES pluods 20b. DESCRIBE HOW INJURY OCCURED. (Enlar natura of injury in Part I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Whila Not Whila Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... and in my opinion Inspection Inquiry agent, Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER November M.D. NAME (Typa)/ Address (Streat, city, town, or county) DEP 22c. NAME OF CEMETER TO THE TOTAL 22a. BURIAL, PRIMATION 22d. LOCATION (City, town, or country) Arlington National Arlington, Virginia. Nov.15 0 240 P 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D 8Y REGISTRAR | 24b. REGISTRAR'S SIGNATURE NOV 1 5 '60 VS. A15ME arthur S. Kraus CHAMBERS CO., 5M 7/59 Riverdale. Md. DATE

AND STATE DEPARTMENT OF HEALTH

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Frince George Ceneral Hospitel | 3107 Busher Hill Ross

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Villian Francis Inchalle Williamson

Mt.Reinter. Md.

Rond None Joseph D. Shenk, 7107 Bunker Hill, Bd.

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The sales of the s Julio 1. Die, 1., 1.

Edge of Nov. 15, 1900 Arlington Methonal Arlington, Virginia.

X Movember 11, 1960

W. W. CENNELIS OC., Hiverdale, Hd. Landwie Ho.

TO DEPLY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute it shall be said to the funeral factor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your rest.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, cute If pritificate, writing the word "pending" in pencil in Item 18. Giv forwarded to the Chief Medical Examiner's Office along with form PM3.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. If ar removal.

VS. A15ME(5)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12940 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12950

1. PLACE OF DEATH					2. USUAL RESIDENCE (	Where deced			nce befo	ore odm	ission)
	ince George		MARYL	AND	o. STATE Md		b. COUNT	Pr	. G	eorg	re /
	(If outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (I	f autside co	rporate limits, write	RURAL ond	give ne	arest ta	wn)
Che	everly		D.O.A.		35 Glen	Argen	Woods				
d. NAME OF HOSE	PITAL OR INSTITUTION	If nat in hos	pital, give street address)	133	d. STREET ADDRESS						ESIDENCE A FARM?
Prince	George Gene	ral			320h Ha	ves	St.				NO 🔽
3. NAME OF DECEASED	Fi		Middle		Last	4. DATE	Mont	h	Day	Y	fear
(Type or print)	Clay	ton	Rrian		Simpkins	DEATH	Nov.		9	1	9 60
5. SEX			ED NEVER MARRIED	B.		M.E.	9. AGE (In years last birthday)	IFUNDER 1	-	IF UND	ER 24 HRS.
Male	Negro	WIDOWE	D DIVORCED	]	Sept. 5, 19	58	2 yrs.	Months [	Days	Hours	Min.
10a. USUAL OCCUPA		dane 10b. 1	CIND OF BUSINESS OR IN	IDUSTR		ar fareign	country)	12. CITI2	EN OF	WHAT	COUNTRY
chi			None		Washingt	on. D	-C-	1	J.S.	A	
13. FATHER'S NAME					14. MOTHER'S MAIDEN					-	
Edur	ard W. Simki	ne Ir			Dorothy E	. Wil	liamson				
	EVER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	A selection	Address		-		
No	fit yes, give war or agres or	service)	None	E.	W. Simkins	as	above				
18. CAUSE OF DE	EATH [Enter only one car	se per line	for (a), (b), and (c).]						INTER	AL BETWI	EEN
PART I. DE	EATH WAS CAUSED BY:	P	neumonitis				2	Lun	DINSE	AND DE	MH
40.	DUE TO		TIC CHILOTTE			1201		7			
Canditians, if											
gave rise to imn	nediate cause										12.00
(a), stating the	underlying (c										
Z PART II. C	* * * * * * * * * * * * * * * * * * * *		ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PART	1(a) 19	. WAS	AUTOPSY
PART II. C									Y	PERFO	RMED?
20g. EXTERNAL C	AUSE WAS _ 20	b. DESCRIBI	E HOW INJURY OCCURR	ED. (En	iter nature of injury in Par	t t or Part t	I af item 18.)			Lakily	
PRIMARY OF C	CONTRIBUTING [										
3 20c. TIME OF IN.	JURY Month, Day, Ye	or 20d. I	NJURY OCCURRED 20e	- PLAC	E OF INJURY (Home, form	n, 20f. (Cit	y ar tawn)	(Cau	nty)		(State)
20c. TIME OF IN.		While		facto	ry, street, affice bldg., etc	.)					
				abay	re, held an Autaps	v (3)	nspection 🔀	Inquia	. (37)		G - d Ab -d
	The second secon	_	Accident				Indetermined		_ LA,	unu	ina mai
dedili resone	sa riam: Maiorai	cooses	, Accident	3010	ide [], Hamicide	а <u>П</u> ,	maererminea (	.duse [_].			
ACTUAL (	Dash	MAL	1 Ma		CHIEF MEDICAL E	YAMINER [	1			DATE S	SIGNED
SIGNATURE_A	to you	000	NIV		M.D. CHIEF MEDICAL E.	-					
EXAMINER'S NAME (Type)					DEPUTY MEDICAL			9-60			
220 (BURIAL) CREMAT	Dayton O W		22c. NAME OF CEMETER	Y 00 (						161 1	
REMOVAL (Speci	(y) 111-111-1	1	no lines to		Net	120	TION (City, Jown,	or country	2011	(State	2
23. FUNERAL DIRECTO	OP'S SIGNATURE	U	ADDRESS	17	24m DEC"	D BY REGIS	TDAD 246 0501	STRAR'S SIGN	TATUS		
1/5 ///	T al	115	1100-		/	NOV 1 4	100				
M.O. W. W	STALLETO.	7 3/4-	7 T720 1	len	e (LAD / DATE	10117	00	Inthun &	. Ilu	LUCE .	

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Description of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 per after death. Page 4 may be retained by the haspital or attending physicion.

Description of PUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled is, by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in ony event within 72 hours offer death.

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V5	A1	F-	4)

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12988 **CERTIFICATE OF DEATH** 

12951 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	ce George's		MARYLAND	CTATE	DENCE (Where de Maryland				ce before odm	
RURAL and give	(If autside carporate lime neorest tawn) t Heights	its, write c. LEN	19 YRS.		TOWN (If outside		e limits, write R	URAL and	give nearest to	wn)
d. NAME OF HOS OR INSTITUTION 5806— 28	PITAL (If not in hospitol, on the Ave., S.E.	give street oddress	)	d. STREET / 5806	- 28th A	lve.,	S.E.		ON	A FARM?
3. NAME OF DECEASED (Type or print)	MARY	O.	Middle SLAU(	HTER	4. D	DATE OF DEATH	Mon Novembe	r 1	8th	Year 19 60
s. sex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED [] DIVORCED []	Sept. 1	т .7. 1894	9.	AGE (In years last birthday)  O yrs.	IF UNDER Months	Days Hours	_
10a. USUAL OCCUPA during most of w Reti 13. FATHER'S NAME	TION (Give kind of wark rarking life, even if retired POD	)	S.Gov <sup>1</sup> t.	Ne	LACE (State or for W York S MAIDEN NAME	reign coun	try)	12. CITI	ZEN OF WHAT	COUNTRY?
	Ora Chrissn				Margaret	t Phi				
(Yes, no, or unknown)	(If yes, give war or dates of s		SECURITY NO.	n. E. Sla	ughter 5	5806-	28th Av		E.	
Conditions, if gave rise to cause (a), static lying cause los PART II. C	immediate DUE TO	, let	roperit	bual .	LILLO O THE TERMINAL D	los loc.	arcou	YEN IN PAR	PERF	S AUTOPSY ORMED?
	WAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER)		OW INJURY OCCURR							
20c. TIME OF INJ Hour o. m	1.	While N	OCCURRED 20e. F	LACE OF INJURY octory, street, affic	(Hame, form, 20: e bldg., etc.)	of. (City or	town)	(0	County)	(State)
21. I certify alive an  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that lettended the	1960	and that deal	M.D. 19 GO			e causes an			
220. BURIAL, CREMAT BEMOVAL (Speci	fy)		NAME OF CEMETERY	OR CREMATORY	22d.	LOCATIO	N (City, town, o	or county)	md (SI	ate)
23. FUNERAL DIRECTO	OR'S SIGNATURE 1661	Good A	opress lope Rd. SI	G	24a. REC'D BY			strar's sic		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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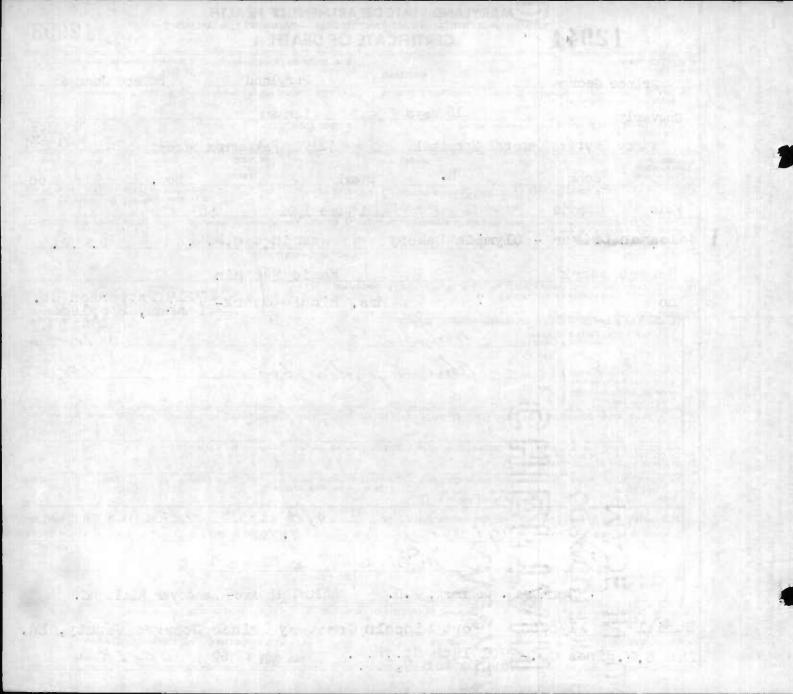
	12	941	ON OF	CERTIF	ICA	TE C	OF DEAT	H	MARTLA	MD		]	23	153
1.	PLACE OF DEATH o. COUNTY Prince	Penrae		MAR	rLAND		JAL RESIDENCE (	Where deceas		F institution	n: Residenc	~	odmiss TCA	ian)
	b. CITY OR TOWN (If o RURAL ond give near	utside corporate limit	s, write	c. LENGTH OF STAY	IN 16	c. C	ITY OR TOWN (	If outside corp	porate limits	, write RU			est town	)
	Cheverly d. NAME OF HOSPITAL OR INSTITUTION			18 days		d.	Lanh					e		FARM?
2		eorges Ger		Hospital			7219	Patter		tree	t			NOVE
	NAME OF DECEASED (Type or print)	John Fire	it.	R. Middle		Star	Last K	4. DATE OF DEATI		Nov	h	Day		Year 1960
5.	SEX 6	. COLOR OR RACE	7. MARR	ED NEVER MARRI	ED 🔲	8. DATE	OF BIRTH		9. AGE (		IF UNDER Manths	_	F UNDE	R 24 HRS.
	Male	White	WIDOWE				une 1902		58	yrs.	Manths	Doys	Hours	Min.
4	during mast of working a Lesman Di	life, even if retired)	olym			STRY 11.	BIRTHPLACE (See		- 0		12. CITI2			OUNTRY?
1	FATHER'S NAME	. I VOI -	OTAI	pra bake	T. A	14. M	OTHER'S MAIDER		, ٠ . ١٠			U	S.A	•
	Robert S	tark					Mamie		in					
	was deceased ever II	N U. S. ARMED FOR		OCIAL SECURITY NO		rs.		· ·	77	219	Patt n. M	ers	on	St.
	18. CAUSE OF DEATH	Enter anly ane co	use per lin									INTE	RVAL BE	TWEEN DEATH
	Conditions, if ony, gove rise to imm cause (o), stating the lying cause lost.	nediote (		Chron		nya	loneph	ntis					10.	n.
CATION	PART II. OTHER	SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RE	LATED TO THE TER	RMINAL DISEA	SE CONDIT	ION GIVE	N IN PART	1(0) 19	PERFO	RMED?
L CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY ME	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY C	CCURRE	D. (Enter	noture of injury	in Port I or Po	ort II of iter	n 18.)				
MEDICA	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Yea	While ot wark	Not while of work			INJURY (Hame, fo		ty or tawn)		(C	ounty)		(Stote)
	21. I certify that (			- /				1260, to		1/5				we) lost
	saw the deceosed	10 Con	-4	5 1960, and	4	AT	TENDING NYS.	MED. DIRECTOR	STAFF		on the	dote		DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Charle	sD. C	onmor, M.	D.	22	d. ADDRESS	th Ave	- Lanc	dover	Hill	s M	d.	
-	BURIAL, CREMATION, REMOVAL (Specify) Urial	23b. DATE THEREO	F	23c. NAME OF CEM			atory emeter y		ATION (City	y, tawn, or	~	oun	(Stot	e) Md.
24. [1]	FUNERAL DIRECTOR'S S		290]	ADDRESS 14th St	N	.W.	25a. RE	NOV 7		5b. REGIST	TRAR'S SIG			

s after death. Page 4 may be versined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Baard of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP



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Lee Euneral Home. 300. 4th st N

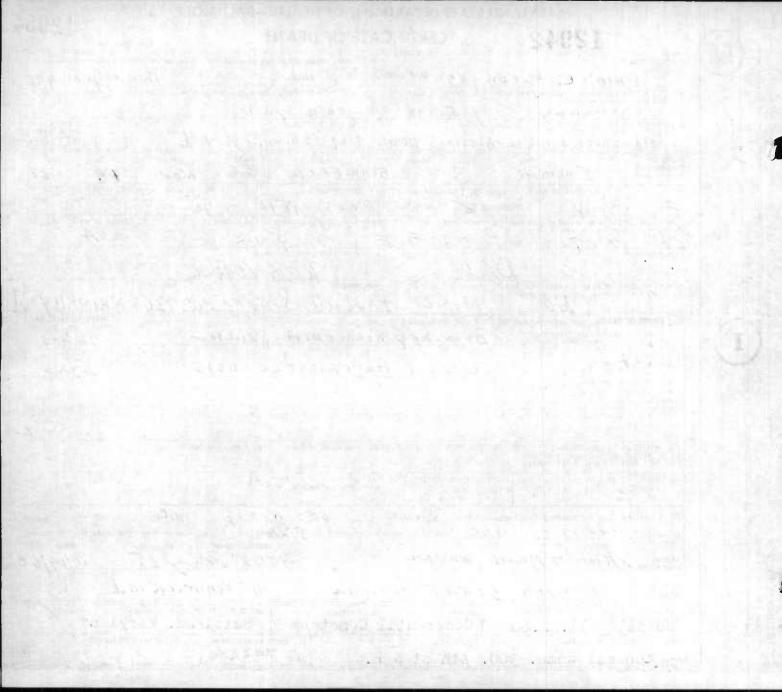
### CERTIFICATE OF DEATH

12954

Chilling & Known

16016	CERTITION	TIE OI DEATH		Reg. Dist. I	No.
1. PLACE OF DEATH o. COUNTY Phince Gror	L. G. E. S. MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		institution: Residence bounty Palace	efore admission)
b. CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		write RURAL and give	yearest town)
d. NAME OF HOSPITAL (If not in happitol, give street OR INSTITUTION Ad-SACOR dA CONVA	address) Lescent Home	d. STREET ADDRESS	KLEY RE	4 1	e. IS RESIDENCE ON A FARM?, YES NO 4
3. NAME OF DECEASED (Type or print) Emm A	S Middle 5	TAIL F. F. e 12	4. DATE OF DEATH	Month VOV 1	Day Year 9 1960
5. SEX 6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH  Dec 5 189	9. AGE (I lost bir		AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, eyen if retired)	STOFFICE	ViR9	NIA	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME	ehL	14. MOTHER'S MAIDEN N	NOWU		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	AUL.W.ST	AUFFER	7369.131	RINKLEY R
18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]				NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Brencho PM	eum ONIA	. VIRAL	C	ONSET AND DEATH
DUE TO					12 hrs
Conditions if any which \	Cerebnal A	RTERLIOSEL	e n.0515		5 VH C
gave rise to immediate	Calcologica	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			77.43
cause (o), stoting the <u>under-</u> lying couse last.				/ B	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	ON GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port II af item	18.)	ME TE
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o.m. 19 While at war	Not while for	ACE OF INJURY (Home, form ctory, street, office bldg., etc	, 20f. (City or lown)	(Caur	nty) (State)
21. I certify that I attended the decease	sed from JINE	, 1960, to N	6019	19/20that I last s	raw the deceaser
alive an Nov 19 19	/ *	accurred at 5 55			
dive div	did fild deali		ADDRESS (Street, city of		DATE SIGNED
SIGNATURE MATTHET TO THE	Nomiace	м.D. <u>35</u>	103 Pen.	cy 3 T	11/19/63
PHYSICIAN'S WORM AND J	lovat Con	real	MT RAIN		2 400 for the 100 100 100 100 100 100 100 100 100 10
220. BURIAL, CREMATION, REMOVAL (Specify) 11.22.60	Cedar Hill		22d. LOCATION (City Suitlar	d. Maryla	(Stote) and
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			b. REGISTRAR'S SIGNA	TURE
Los Euneral Home, 300	. Ath st N F	DATE	10Y 2 8 '60	C1 11 0	

TO HOSPILL FOR A HOSPILL OF A H s after death. Page 4 DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha TO HOSPIT VS A15 (4) 15M 9/5B



12990

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12955

PLACE OF DEATH O. COUNTY PRINCE GEO	ORGES		MARYLAND	2. USUAL RESIDENCE (WI		b. COUNTY	on: Residence	before adr	mission)
	outside corporate limits, v	write c. LENGTH OF	STAY IN 16	c. CITY OR TOWN (If		,	URAL ond gi	ve nearest to	own)
	R FORCE BASE	E DEAD ON	ARRIVA	L/8 WASHINGT	ON				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give	street oddress)		d. STREET ADDRESS	iti je je i			10	RESIDENCE N A FARM?
USAF HOSP	ANDREWS, AND	DREWS AFB, W	ASH, DC	2812 KEI	TH STR	EET, SE		163	□ NO 🔽
NAME OF DECEASED (Type or print)	First EMERS(		Middle LEROY	STOCKS	4. DATE OF DEATH	NOVEM		Doy 12	Yeor 19 60
SEX	6. COLOR OR RACE 7.	MARRIED NEVER	MARRIED B	DATE OF BIRTH		9. AGE (In years lost birthdoy)			NDER 24 HRS
MALE	CAUCASIAN W	IDOWED DIV	ORCED	5 NOVEMBER 1	927	33 yrs.	Months [	Days Hou	irs Min.
a. USUAL OCCUPATIO	N (Give kind of work done	e 10b. KIND OF BUSIN	ESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WHA	T COUNTRY
MEDICAL TE	ing life, even if retired)	US AIR FO	RCE	WEST VIRG			UNIT	ED ST.	ATES
. FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME				
ERNEST FRA	INKLIN STOCKS	5		DECEASED	Here to				.54
	R IN U. S. ARMED FORCES (If yes, give war or dates of service		IY NO. 17. INF	ORMANT		Add	ress		
	EB 1946-60	234-38-95	70 AI	R FORCE PERS	ONNEL	RECORDS			
-	TH [Enter only one couse								BETWEEN
	TH WAS CAUSED BY:	INFARCTION		CARDIUM					DIATE
1117	IMMEDIATE CAUSE (o)	THEREOTTON	OF PILO	OMIDITOR				als I M Adul	20 42 43 44 44
7 0	O DUE TO	ADMEDIAGOE	EDOMTO :					M MO	NTHS
Conditions, if o	mmediate (D)	ARTERIOSCI	ERUITO I	HEART DISEAS	r,			/ MO.	MIUD
couse (o), stoting									
lying couse lost.	, (c)_						/F1 / 11 / D / DT	1/ 1/20 1/4	AC ALITORY
PART II. OTH	IER SIGNIFICANT CONDIT	IONS CONTRIBUTING	O DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PAKI	PEI	RFORMED?
PART II. OTH								YES	XX NO 🗆
(IF EITHER, NOTIFY	S UNDERLYING   201 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJ	JRY OCCURRED.	. (Enter noture of injury in	Port I or Por	t II of item 1B.)			
20c. TIME OF INJUR Hour o. m. p. m.		20d. INJURY OCCURRI While Not while of work of work	Fact	CE OF INJURY (Home, form ory, street, office bldg., etc		or town)	(Co	ounty)	(Stote
21. I certify the	it (I) (this haspital) of sed alive 1930-	ittended the dece		9 3 6/2 Nay	.4			-,	l) (we) las
220. SIGNATURE		. 0	ond mor de	0.00.100 0.100				30.3 0.0	22b. DATE
Jell	real ou		M	I.D. PHYS.	AED.	STAFF PHYS.			12 Nov
22c. PHYSICIAN'S NAME (Type)	BERT D CARILI	LI, CAPT US	SAF (MC)	USAF HOSP	ANDRE	WS, ANDRE	WS AFB	WASH	25.DC
BO SURIAL, CREMATIO	N, 23b. DATE THEREOF	1 Dais	F CEMETERY OR	CREMATORY ATIONAL		TION (City, town,			Stote)
FUNERAL DIRECTOR		ADDRESS	0,000		D BY REGIS		STRAR'S SIG	NATURE	
C. la V. I	WC001 4	- X11 HST	NE	An	10V 15'		rthur S.		
INATA	WERHY DOWN	0101121	10.2	DATE	INA 12	00	wind of	/ Comme	

es after death. Page 4 the attending physician and campletely filled in by the funeral director. Then please remave carban papers. Pages 1 and 2 should be fitted with TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ham may be recented by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled repage 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 or the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 79 haurs after death.

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VR A1S (4) 1SM 9/59

AND DESCRIPTION OF THE PROPERTY OF THE PROPERT . 19 3 612 10 40 P 36 P 60 ... VED 12 Nov. 40 ...... Carrent Serves to an order of the fact of the contract AND DESCRIPTION OF THE PARTY OF 

FOR STATE HEALTH DEPT TO DEPOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are pay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the facilitate and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of flealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 24 hours after death.

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VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12956

1.	1. PLACE OF DEATH 2. USUAL	RESIDENCE (Where decessed lived, If institution: Residence before edmission)
	e. COUNTY	The Da b. COUNTY (4)
-	MARYLAND MARYLAND	wanten some for
	b. CITY OR TOWN (if outside corporete lights, write RURAL end give negres Town)	OR TOWN (If outside corporate limits, write RURAL and give neares town)
	Covan ICin Syem A (	Am C.
0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREE	ADDRESS A A I . IS RESIDENCE
	2519- Southern Grand 13:	SIG NO COMPARANT
		YES NO I
3.	3. NAME OF First Middle Last	4. DATE Month Dey Yeer
	(Type or print) - the transfer time of the	DEATH -1 19 60
5	5. SEX   6. COLOR OR RACE 7 MARDIED   NEVER MEDIED   8. DATE OF BIR	
1	S. SEX O. COLOR OK RACE 7. MARRIED NEVER MARRIED ST. DATE OF BIR	7. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest bightdey) Months Deys Hours Min.
1	Temale while WIDOWED DIVORCED   Nor 2	58 yrs. Months 500
1	100. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHP	ACE (State or foreign country)   12, CITIZEN OF WHAT COUNTRY?
1	one during most of working life, even if relired)	A C R.O OV
	Housewith our House 10	land Volonia
1	3. FATHER'S NAME	'S MAIDEN NAME
	1. linkmown ly	hown
15	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT	Address 9/23- Souther that
0	(Yes, no, or unkown) (Ifyesgivewer or detes of service)	1 01
	10 1971	trackowere Wash 20, Dr.
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (e) Cosphipus	
	DUE TO	
	Conditions, if eny, which (b)	
	geve rise to immediate cause	
	(e), stering the underlying	
	cause lest. (c)	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  20e. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of PRIMARY DO CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED.)	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
15	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YES NO I
SE	20e. EXTERNAL CAUSE WAS   2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of	
1 8	PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.	, a la rom
	No Carlo Art Dun	a Venetean blanch buy
3	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. FLACE OF INJURY While Not While fectory street, office et work et work at 200.	(Home, farm, 20f. (City or town) (County) (Stele)
03	While Not While feelogt street, office	e blogs, etc.) Roy and Res Co
>		D. C.
	21. I certify that I took charge of the remains described above, held an Autor	Inspection Inquiry I, and it my opinion
	death resulted from: Natural causes , Accident , Suicide .	domicide, Undetermined manner
	CHIE	MEDICAL EXAMINER
	1 9	
)	SIGNATURE M.D. ASSI	STANT MEDICAL EXAMINER DATE SIGNED
4	EXAMINER'S DEPU	TY MEDICAL EXAMINER
		ess (Street, city, town, or county)
22	220. BURIAL, CREMATION, 226, DATE THEREOF   229 NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or country) (State)
	REMOVAL (Specify)	March III Andialin A
1	DURIAL 14 NOV. 1960 CONGRESSIONALLE	
2	23. FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE"
	KINDER HOME 816 H ST NE DET	DATE NOV 3 '60 arthur S. Hous
-	1100001 1000000000000000000000000000000	20, 10,000

CASE AND SECULAR SECUL To will be referred to the second of the sec Hermany Arm Horn Comme Constitution of the second my The thought one Jan H. J. THE REST OF THE PARTY OF THE PA Hereard alforen commen to The second secon E STERNING DIVING THE STATE OF THE

12992

### **CERTIFICATE OF DEATH**

Reg. Dist. No.

12957

1. PLACE OF DEATH  O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (Ill outside carporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SCHOOL AND AND AND COSPITAL CONFE	d. STREET ADDRESS  e. IS RESIDEN ON A FAR! YES NO
3. NAME OF DECEASED (Type or print)  The print of the pri	Swann 4. Date Manth Day Year OF DEATH // 14 196
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24   S-4-2   36 yrs.   Months   Doys   Hours   N
10a. USUAL OCCUPATION (Give kind of work done of the susiness or INDUSTRIANCE WORK of the susiness of the susi	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUN  Charles (6, M), USA
13. FATHER'S NAME Walter Thompson	14. MOTHER'S MAIDEN NAME Elizabeth Proctor
(Yes, no, or unknown) (If yes, give war or dates of service)	William H. Thompson (Greathers) Tobacco
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.  DUE TO  DUE TO  (c)	lent forling
710	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMET YES NO.
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (Stary, street, affice bldg., etc.)
21. I certify that I attended the deceosed from 1113 alive an 11 14 , 1960, and that death  ACTUAL SIGNATURE  PHYSICIAN'S BERNARD SCHNEIDER	ADDRESS (Street, city or town, state)  DATE SIGN M.D. Seuthern Maryland Hosp 11/14  Clinton Mb.
229 BURIAL, CREMATION, 22b. DATE THEREOF  PREMOVAL (Specify)  23. FUNERAL DIRECTOR'S, SIGNATURE  ADDRESS  ADDRESS	R CREMATORY  1224 OCATION (Gity, Town) or county)  1240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Helatt Theneral Homel Walder	1, Mel. DATEMON 22'60 Closhur & thous

TO HOSPITATION OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ft. a after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B

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VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PL/	CE OF DEATH					USUAL RESIDENCE (V	Where decea		If institution	n: Residen	ce befar	e admissi	ion)
		Prince Geo	rges	MARYLAN	D	Mary	land			ince	Geor	ges	1 1 1 1
	CITY OR TOWN	(If outside corporate I	imits, write	c. LENGTH OF STAY IN 1	b	CITY OR TOWN (I	f outside cor	parate limit	s, write RL	JRAL and	give near	rest town	)
	OKAL und give	Cheverly		7 days	-	50 Fair	mont	Hets					
d.	NAME OF HOSE	PITAL (If not in hospita	t, give street			d. STREET ADDRESS				1-17-7	е	. IS RES	FARM?
		Georges G	eneral	Hospital		100	8	60th	St.				NO 🗌
3. NA	ME OF	deorges u	First	Middle		Last	4. DATE		Mont	h	Day	,	Year
DE	CEASED pe ar print)	Lill					OF DEAT				il		19 60
S. SEX		6. COLOR OR RAC		RIED NEVER MARRIED	T B. D	Thompson ATE OF BIRTH		9. AGE	In years	IF UNDER	1 YEAR		
						11.12	1111	last b	irthday)	Months	Days	Haurs	Min.
-	Male	Black	WIDOW	KIND OF BUSINESS OR IN		11. BIRTHPLACE (Sto	WR	- luntaul	32 yrs.	12 CIT	75NLOE	MHATC	OUNTRY?
d	uring most of wo	arking life, even if retir	red)	KIND OF BUSINESS OR IN	DUSIKI	II. BIRTHPLACE (STO	te ar toreign	country)		12.011	ZEN OF	WHAIC	OUNTRIT
12 64	THERE ALANE					4. MOTHER'S MAIDEN	C /						
13. FA	THER'S NAME	-	1	),	'	C			1	- 1	h 4	,	
1	BOX	RIL	1	AVIS	c	21	-9 hr	•	-	041	0/	5)	
15. W.	AS DECEASED EV	VER IN U. S. ARMED F  [If yes, give wor or dates	ORCES? 16.	SOCIAL SECURITY NO. 1	7. INFO	MANT	-		Addr	ess			
					MIL	118m /	rompo	SOK .	500	MARC	e 2	SI	+2
18	. CAUSE OF D	EATH [Enter only ane	cause per li	ne far (a) (b), and (c).]	1							RVAL BE	
	PART I. DI	EATH WAS CAUSED BY	Y:	Cerebral	V	roenlar	acc	ede	16		5	-de	200
	331	DUE											0
	Canditians, if	ony, which )	41.1	arter	al	-					3	0 0	1
	gave rise ta	immediate Dus	(b)							170		1	
	cause (a), statin	g the under-											
			(c)	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	MINAL DISE	ASE CONDI	TION GIVI	EN IN PAR	T 1(a) 19	. WAS	AUTOPSY
CATION												PERFO	RMED?
	ACCIDENT V	WAS UNIDERLYING TO	Jank DEC	CRIBE HOW INJURY OCCU	DDED /E	nter nature of injury i	n Port Lor P	art II of ite	m 18 )			162	NO []
CERTIF	R CONTRIBUTION	WAS UNDERLYING A NG CAUSE OF DEA FY MEDICAL EXAMINE	TH R)	CRIBE HOW INJURY OCCU	KKED. (E	mer nature at injury t	11 7017 101 1	arr ir ar ne					
	c. TIME OF INJU				. PLACE factory	OF INJURY (Hame, for, street, affice bldg., a	rm, 20f. (C	ity or tawn	)	(1	County)		(State)
MEDI	Haur a. m	1	9 While of war	Nat while ot wark		, silver, errice blog., c							
2	I cortify th	hat (1) (this hasni	tal) attan	ded the deceosed fra	m /	0/24	960,10	·ma	14 A.L.	106	d the	at (1) (-	we) lost
1 1		ased olive on/	1/14			h occurred ot32			-				
	2a. SIGNATURE	died onve onZ		/ Ond me	ii dedi	il occorred orga	O Majdio	ir me cu	uses and	d Oil IIII	e dole		DATE
	(	m)C		or hix	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAF					SIGNED
2:	2c. PHYSICIAN'S			1	141.0	22d. ADDRESS	DIRECTOR (	7 1113	1	,			
	NAME (Type)		111101	s, Mal.		4410-	742	Nue,	Lai	dove	11/	11.	
	URIXI, CREMAT EMOVAL (Specif		REOF	23c. NAME OF CEMETER	c. A	REMATORY HOVY	23d 700	CATION (CI	ty, town, o	r county)	d	(Stot	e)
24. FU	NERAL DIRECTO	OR'S SIGNATURE		ADDRESS		250. RE	C'D BY REG	ISTRAR	2Sb. REGIS	TRAR'S SI	GNATUR	E	
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		State Market State Co.	
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MARYLAND STATE DEPARTMENT OF HEALTH

12892 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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tor, TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be 15 med by the hospital or attending physician.

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1	hos been si	rial-transit	action, or r	
2 2	ate hos been si	burial-transit	cremation, or re	0
- C	tificate hos been si	s the burial-transit	iol, crematian, or re	
- C - C - C - C - C - C - C - C - C - C	certificate has been significate and continued to the second significant and continued to the second	se as the burial-transit	buriol, cremation, or re	
- C - C - C - C - C - C - C - C - C - C	this certificate has been significate	or use as the burial-transit	ar to buriol, cremation, or re	
	After this certificate has been significant	ed for use as the burial-transit	prior to buriol, cremation, or re	
D	R: After this certificate has been significate	toched for use as the burial-transit	calth prior to buriol, cremation, or re	
	CTOR: After this certificate has been significant	e detoched for use as the burial-transit	if Health prior to buriol, cremation, or re	
1	<b>DIRECTOR</b> : After this certificate has been significant	d be detoched for use as the burial-transit	ird of Health prior to buriol, cremation, or r	
( ) D	AL DIRECTOR: After this certificate has been significant	hauld be detoched for use as the burial-transit	Board of Health prior to buriol, cremation, or re	
	NERAL DIRECTOR: After this certificate has been si	3 shauld be detoched for use as the burial-transit	tate Board of Health prior to buriol, cremation, or r	
	D FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in By the funeral direc	page 3 shauld be detoched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed t	the State Board of Health prior to buriol, cremation, or removal, and in only edition within 72 hours after death.	

VR A1S (4) 1SM 9/S9

1. PLACE OF DEATH O. COUNTY INCE GERGE MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     a. STATE     b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hyattsville / Mr.	WASHINGTON D.C
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
CARROLL MANOR 4922 LA	3111 macomb St n W YES NO IN
3. NAME OF DECEASED (Type or print) C ARRIE BELLE ALLAM	Lost 4. DATE Manth Day Year OF NOVEMBER 251960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)  Months Doys Hours Min.
WIDOWED DIVORCED	June 1-1867 (13 yrs. 5 94 Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	HOUSTON TEXAS U. S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HARRYLALLAN	FANNIE MODGAN
	NFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	In lignes Patricia 4922 An Salle Road
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  MYCOAR  A  CA  CA  CA  CA  CA  CA  CA  CA  C	ICA INFARCTION Coming
4-20 - 1 DUE TO	
Conditions, if ony, which ) (b) COROLINALY A.	don's solo dosi
gove rise to immediate	CHAIC SCIENCES!
lying couse lost.	ad allopin colouses 3vouse
, (1)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	DE Chronic Osteo my plits YES NO
200. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	ACT OF BUILDY (U
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctary, street, office bldg., etc.)
21. 1 certify that (1) (this haspital) attended the deceased fram	Feb 1960 to NOV 25 1960, that (1) (we) las
	death accurred at 1.2. A, fram the causes and an the date stated above
22a. SIGNATURE	22b. DATE
Ten 1 Fen Taky 30	M.D. ATTENDING MED. STAFF PHYS.   11/2460
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) GON R. hevitsky	13408 R.T. AUE Mt. RAIN, ER, M. d.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	
BURYAL (Specify) 11/26/60 FRANKFO	FRANKFORT, KENTUCKY
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WASA	4.6, D.C. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Jos. Howler's Sono Que. 1756 Parth	ve. Nev. DATE HOV 28 60 arthur 2. Knows

	MAJING BOAT	E MARCHARAGE		
			SERSI	
			2.40.00	
		The Name of Street, St		
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12993 CERTIFICATE OF DEATH

12962

_		Key, 561, 110,
1	PLACE OF DEATH a. COUND Trince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. ATME  b. COUNTY  Prince Geo.
	b. CITY OR TOWN (If outside corporate limit), write RUBAL and give nearest lown) A 2 U 3 5 C 0  Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) OLIVE Watson	Trueman Vovember 5 1960
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS.  1 UNE 2 1886 9. AGE (In years left UNDER 24 HRS.  Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRING MOST OF WORKING LIFE, even if retired)  TOUSE wife Section	Poplar Hill, Md. U.S.A.
13	ELI Watson	14. MOTHER'S MAIDEN NAME Trueman
12	5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no. oct Anknown)  Ilf yes, give wor or dates of service)	bert H. Trueman Aguasco Md
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which ) (b) Wennerly	Caroles-ver al Revol alburach year
	gove rise to immediate couse (a), stating the under-lying couse lost.	Prom
CERTICICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
- 1		D. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. j1, p. m. 19 of work of work 20d. INJURY OCCURRED to the pot work of work 10d. INJURY OCCURRED to the pot work 10d	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 12-1 alive on 11-5, and that death	19 Lu, ta 15
	ACTUAL SIGNATURE Sucha policies of alexanology	ADDRESS (Street, city or town, state)  DATE SIGNED  M.D.
	PHYSICIAN'S NAME (Typo)	
2	20. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY CO REMOVAL (Specify) NOV. 9 1960 Imman	1 11 17
23	Hun to Funeral Home Waldor	And. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATENOV 1 4 '60 Carring S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth: Page 4 may be made by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages 1 and 2 shauld be filed with the registror prior to burial, cremotion, or removal, and in any event within 72 hours offer death.

The state of the s ALL BURNESS OF THE PROPERTY OF CORDER SHOWN AS NOTHING

## FOR STATE HEALTH

TO DEPCAY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a consisting the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trafar pencil. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any went within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

2960 Divi

sion of STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1, MARYLA
1900 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH

a. COUNTY	2. USUAL RESIDENCE (Where deceased livad, If institution: Residence before admission) a. STATE b. COUNTY				
Prince Georges County MARYLAND	D. C. None				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporata limits, writa RURAL and give nearest town)				
Chillum	Washington				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   o. IS RESID				
5926 Rags Road	ON A FARM?				
5926 Raggs Road  3. NAME OF First Middle					
DECEASED	Last 4. DATE Month Day Yaar OF				
(Type or print) MAXTON RANDOLPH	TURNER DEATH November 21, 1960.				
5. SEX   6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8.	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.				
Male   White   widowed   Divorced	Min. Months Days Hours Min.				
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?				
Harber our trisinen	Verguin U.S. a				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Bile- Jumes	Lenhow				
15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. IR	NFORMANT Address				
(Yas, np, or unkown) (Ifyesgivawarordatasofservice)					
V	n Jona Jurner, Dame os 2				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carana (	re clusion				
U20 DUETO					
Conditions, if any, which (b) Coronary a	ster de serve				
gave risa to immadiate cause					
(a), stating the underlying DUE TO					
Cause last. (c)	DELATER TO THE TERMINAL DIFFLE CONDITION OF THE TERMINAL DIFFLE				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
	YES NO P				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  208. EXTERNAL CAUSE WAS PRIMARY OF OCCURRED. (En CAUSE OF DEATH  208. DESCRIBE HOW INJURY OCCURED. (En CAUSE OF DEATH	ter nature of injury in Part I or Part II of itam 18.)				
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	E OF INJURY (Home, farm, † 20f. (City or town) (County) (Stata)				
	ry, street, office bldg., etc.)				
7					
21. I certify that I took charge of the remains described above, held	d an Autopsy , Inspection X, Inquiry X, and in my opinion				
death resulted from: Natural causes . Accident . Suicident .	de, Homicide, Undetermined manner				
	CHIEF MEDICAL EXAMINER				
SIGNATURE SAME SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED				
	DEPUTY MEDICAL EXAMINER []				
NAME (Type) JAMES I. BOYD, M.D.	Address (Streel, city, town, or county)				
220. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY OR					
Burial Nov.25.1960 Fort Lincoln	Compton Bladenchuse W.				
Burial Nov. 25, 1960 Fort Lincoln 23. FUNERAL DIRECTOR ADDRESS	1 Cemetery Bladensburg, Maryland.				
	NOV 2 0 100				
W. W. CHAMBERS CO., Riverdale,	Md. DATE 10 2 8 60 Orthur & Krons				

D. C. Two bearings of Pulnos deorgos County nesquiring! 4020 Stirlerment 1. 2. 5926 Ringe Book MANTON RAMBOLPH TURBER 12 November 21, 460

JAMES I. BOYD, M.D.

Button Wov. 25, 1960 Fort Lincoln Jemereny Bladensburg, Morey and M. M. Characata 10., Riverdale, Md. W. W. W. W. Com. www.

a. STATE

B. DATE OF BIRTH

d. STREET ADDRESS

1.894

Latvia

Mrs. Marta Vasilis-

14. MOTHER'S MAIDEN NAME

2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)

9. AGE (In years

lost bigthday)

4. DATE OF DEATH

Karlina Bromulds

b. COUNTY

Month

00

yrs.

34 Lakesic Greenbelt

Months

e. IS RESIDENCE ON A FARM?

Day

Days

Lakeside Drive

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Latvia

Hours

INTERVAL BETWEEN ONSET AND DEATH

YES NO F

Year

1960

TINCE

b. CITY OR TOWN (If outside corporate limits. RURAL and give nearest town) d. NAME OF HOSPITAL (If nat in hospital,

during mast of working life, even if retired)

Retired (Worked

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

7. MARRIED NEVER MARRIED

10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)

Doctors Cafeteria

Middle

DIVORCED |

Hospital

give street address

WIDOWED T

First

-eon's

6. COLOR OR RACE

Vasilis

PART I DEATH WAS CALISED BY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

	X
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til ed	(M)
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should be filled with	
N	X
and	

1. PLACE OF DEATH o. COUNTY

OR INSTITUTION

NAME OF

DECEASED

(Type or print)

Andrea

no

funeral directar, filled

after death. Page

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Poges death. campletely after o papers. pup physician ttending please

		Conditions, if any, which gove rise to immediate couse (o), stating the under-lying cause last.  DUE TO  (b)
100	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED?  YES \( \text{NO.} \) NO.
la l	~	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
400	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a. m. 19 While at work at work at work 19 At wo
	- 1	21. I certify that (I) (this haspital) attended the deceased fram 19/69a Nov 10 19/6 that (I) (we) In
		saw the deceased alive an 5,25 th 1941, and that death accurred at 53 th, from the causes and an the date stated about 220. SIGNATURE  ATTENDING A MED. STAFF
1		saw the deceased alive an 5,25 th 1911, and that death accurred at 53 th, from the causes and an the date stated abay 220. SIGNATURE 1 22b. DATE

BLASO NO STRUMBIO 1 KINS L à Darge of . The court of the cou The state of the s a little many to the contract of the second section. CERTIFICATE OF DEATH

16341							
1. PLACE OF DEATH o. COUNTY  Design or Coorgo	MARYLAND	CTATE	Where deceased lived. If institute yland Propries	ion: Residence be	fore admission)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	A CONTRACTOR OF THE CONTRACTOR	Foutside corporate limits, write I	RURAL ond give r	nearest town)		
d. NAME OF HOSPITAL (If not in haspital, give street	6 Weeks	Riverda	Te		e. IS RESIDENCE		
OR INSTITUTION  Prince George General		d. street address 6702 Pa	tterson St		ON A FARM? YES NO		
3. NAME OF DECEASED First	Middle V	lost Vetter	4. DATE MOO OF DEATH NOV •		Day Year 0		
Branche	TED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF RIPTH	9. AGE (In years last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.		
10a. OSUAL OCCUPATION (Give kind of wark dane 10b. during most of warking life, even if retired)	KIND OF BUSINESS OR INDU		te or foreign country) York	12. CITIZEN	OF WHAT COUNTRY		
Clerk 7513. FATHER'S NAME	our cinetic ocoi	14. MOTHER'S MAIDEN			3		
George Reeder		May Butle	r				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT		dress			
(Yes, no, or unknown) 3 (If yes, give war or dates of service)	Н	ospital reco	ords Cheverl	y Md.			
442 X DUE TO	remia	terioscleroti	ic Cardiovascul	0	Months		
gave rise to immediate couse (a), stoling the under lying couse last.	couse (a), stoting the under-						
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF CAU	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CONDITION GI	VEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO		
	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury i	n Port I ar Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. m. 19 While at war	Not while fo	LACE OF INJURY (Hame, fa octory, street, affice bldg., e	etc.)	(Couni	(Stote)		
21. I certify that (I) (this haspital) attends saw the deceased alive an	led the deceased fram	death accurred a3:	9(11), ta Nov. 28 35R, Fram the causes a	, 19, nd an the do	that (I) (we) last te stated abave.		
220. SIGNATURE	ntry	M.D. PHYS.	MED. STAFF PHYS.		22b. DATE SIGNED		
22c. PHYSICIAN'S NAME (TYC) Weintraub; M.I	).	22d. ADDRESS Greenbelt	, Md.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town,	or county)	(Stote)		
Purial (Specify)	Ft. Lincoln	Cemetery	Colmar Manor		Md.		
24. FUNERAL DIRECTOR'S SIGNATURE  F. Gasch's Sons Hy	attsville, Md.		DEC STREET	ISTRAR'S SIGNAT	/		

TO HOSPIL TOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hars after death. Page 4 may be reclaimed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled ... by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar remaval, and in any everywithin 72 hours after death.

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BALTIMORE 1, MARYLAND

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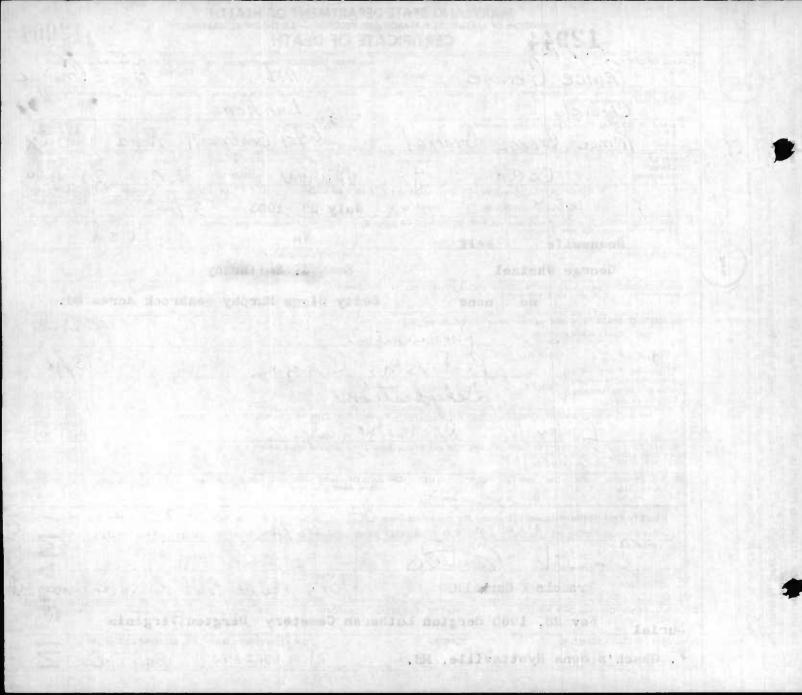
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1. PLACE OF DEATH P. O. COUNTY PRINCE G	CORGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATE b. COUNTY	sidence before admission)	
b. CITY OR TOWN (If outside corporate limits RURAL and givenearest town),	, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
d. NAME OF HOSTITAL (If not in hospital, gir OR INSTITUTION , RINCE SPOK	//	1 d. STREET CODRESS CONTROL ROCK	e. IS RESIDENC ON A FARM YES NO	
3. NAME OF First DECEASED (Type or print)	Middle 9	VAU9HV 4. DATE Manih OF DEATH NOV.	25 19 6	
F white	7. MARRIED NEVER MARRIED NOT	July 29 1903 lost birthdoy) Mon		
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Housewife	one 10b. KIND OF BUSINESS OR INDU	Va	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
George Whet		Emma J. Smith phy		
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no, or unknown) (If yes, give war or dates of ser		NFORMANT Betty Biggs Murphy Seabrook	Acres Md.	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o).  Conditions, if ony, which gove rise to immediate couse (o), stating lihe under- lying couse lost.  (c).	Parkinson's Dehydral	s Diseage	3/18	
Extensi	ve decusit	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOI PERFORMED YES NO	
OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I or Port II of item 18.)		
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19	20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, form, 20f. (City or town) street, office bldg., etc.)	(County) (Si	
	~ / /	death accurred at 9 A.M., from the causes and an		
220. SIGNATURE	- Could	M.D. ATTENDING MED. STAFF	22b. DAT SIGI	
22c. PHYSICIAN'S NAME (Type) Francis X	CarlillO	1013 Univ Blod. C.	SilverSping	
236. BURIAL, CREMATION, 23b. DATE THEREOF Nov 28, 1	23c. NAME OF CEMETERY OF Bergton Luth	eran Cemetery Bergton Virgi	inia	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE	
F. Gasch's Sons Hva	ttsville. Md.	DATE NOV 2 9 '60 CLIL	a 8 th	

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 horse after death. Page 4 may be recomed by the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be deteched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fitted with

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12893

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 12966

-										Mag. Dis	11 110	
	ACE OF DEATH COUNTY	ICE Geo	R9E	S MAR'	YLAND	2. USUAL RESID	DENCE (Where deced		If institution.	ni Residence ARLÍ	e before admi	1 /
#	RURAL and give no	LE		LENGTH OF STAY	IN ID	ARL	OWN (If outside con	porate lim	nits, write RL	JRAL and g	ive hearest to	3 X -
H	OR INSTITUTION	AL (If not in hospital, g	/	dom E		d. STREET A 2629	WASh	, B	Lv	d.	ON	A FARM?
3. A. DI (T	AME OF ECEASED ype or print)	LARENC	F	Middle W.,		WAR	d, Sari OF DEA		Mont	h	Doy 21	Year 19 6 C
5. SE	M	6. COLOR OR RACE	WIDOWED.	DIVORCE	D	B. DATE OF BIRTH	-1868	9. AGI lost	(In years birthday) 2 yrs.	-	Days Hour	And the second section is a second
C	ARPEN	N (Give kind of work of ing life, even if retired)		nd of business o	OR INDUS	Aug	ACE (State or foreign			12. CITI	L, S	T COUNTRY?
13. F/	ATHER'S NAME	Tillson W	a m d			14. MOTHER'S	Mary F	Pohhi	ne			
15 VA		I III SOIT W		CIAL SECURITY NO	117 40	FORMANT	Mary I	CODDI	Addr			
		If yes, give war ar dates of so	rrvice)	79-12-73			e W. War	d, S		B	h, Fla	•
	Conditions, if or gave rise to in cause (a), stating t lying cause lost.	the <u>under-</u> DUE TO		dic va			enal	915	e a.5	2	ONSET AN	\rs
CATION		er significant con								EN IN PART	PERF	ORMED?
0 (	200. ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	IBE HOW INJURY C	CCURRE	). (Enter nature at	Finjury in Part 1 or f	art II of i	lem 18.)			
MEDICAL	Oc. TIME OF INJURY Havr a. m. p. m.	Manth, Day, Yea	While	Not while of work		tary, street, affice			PEL		ounty)	(Stote)
A	21. I certify the control of the certification of t	at lattended the	196				, to NOY COPM, fr ADDRESS 6,001-	om the (Street, ci	causes and a sound of the sound	nd on th	e date sta	
	BURIAL, CREMATION REMOVAL (Specify) rial	11-23-		22c. NAME OF CEM					ity, town, o		,	ote)
23. Ft	UNERAL DIRECTOR'S	signature al Home,		ADDRESS	<u></u> 0(		240. RECEDEN REG	d&**8	24b. REGIS	TRAR'S SIG		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be dived by the haspital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filly by the funeral director, page 3 should be detached for use as the burial-transit permit. The please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 71 hours after death.

VS A15 (4) 15M 9/55

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weed the contract of the contr	to distribute and of the second secon

Page is necessification. for the with and 2 w 18. Give Pages pages 1 within PM3 form Office along with should be executed in pencil in Item **burial**pe nsed cremation, execute the certificate, writing the word Medicel plnods forwarded to the prior should be for FUNERAL DEP

FICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission, a. COUNTY b. COUNTY Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) Highland Park
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Highland Park d. STREET ADDRESS 1206 1206 70th Street 70th Street NAME OF Middla 4. DATE Month DECEASED (Typa or print) HENRIETTA WASHINGTON DEATH November COLOR OR RACE 7. MARRIED THE NEVER MARRIED AGE (In years | IF UNDER 1 YEAR DATE OF BIRTH last birthday) Months DIVORCED Female WIDOWED IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retired) Home Wilmington N. C. U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyasgivawarordatasofservica) William Washington Highland Pk., None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Toxemia Exhaustion DUE TO Generalized Carcinomatosis Conditions, if any. (b) gava risa to immadiata cause DUE TO (e), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part II or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) factory, street, offica bldg., etc.) Whila Not While Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry T Natural causes death resulted from: Accident Suicide Homicide I Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S JAMES BOYD, M.D. November NAME (Typa) Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Harmony Memorial Seat Pleasant 240 Burial
23. FUNERAL DIRECTOR ADDRESS 9 Hunt Pl. | No. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE Civiling S. Forans VS. A15ME Washington, D.C. PATNOV 28'60 ROLLINS FUNERAL HOME. 5M 7/59

Division of STATISTICAL RESEARCH

MARYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE 1, MARYLAND

. IS RESIDENCE

YES NO

19 60

IF UNDER 24 HRS.

ONSET AND DEATH

PERFORMED?

NO TO

(Stata)

DATE SIGNED

(Stete)

ON A FARM?

Finds Monres Salary Laryland Prince Georges Highland Fort 5 Years Highland Park 1206 70th Street 2 2 2 200 70th Street ATTEDIES NASHTIGION NO TOWN NO ATTEDIES 5-1 February 1 Housewife Bone Wilmington B. C. U.S.A. The same awotalali 1206 70th 81., None Makenova William Washington Fighten Phr., Md. Toldenia Tylyneghta BimaloT Concretted Complement

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November 22, 460.

DA TYPE I BOYD, M.D.

Routing Fringer, nort, Maniagron, v. C. Saging Solling

eath. Page 4	neral director, be filed with	(
ofter d	the fur shauld	
TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hors ofter death. Page 4	may be referred by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,  page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	the State Board of Health priar to burial, cremation, or removal, ond in ony event, within 72 hours after death.
VR 15	A15 (4) M 9/59	
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OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death. Page 4

TO HOSPIT

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
PRINCE GEORGES MARYLAND	O. STATE M. D. b. COUNTY CHARLES
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL ond give nearest town)  RANDY WINE	LA PLATA
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
BRANDYWING-WALDORF CLINIC	ON A FARM? YES NO
3. NAME OF First Middle	Lost 4. DATE Month Day Yeor
(Type or print) JAMES ALEXANDER	WHEELER DEATH NOV 5 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost birthdoy) Months Days Hours Min.
MALE NEGRO WIDOWED DIVORCED	Aug 12, 1912 He yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) HIGHWAY MAINTENANCE STATE ROAD	MARYIAND VISA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Down to so Wheeles	Garage Allace
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service)	35 San 11/2 2 10 Pm 143
100   220-10-1065   MI	S. JARAH WHEELER, LAPLATA, IND.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0)	
DUE TO	
Conditions, if ony, which) (b) Teneralized Car	commatoris
gove rise to immediate couse (o), stating the under	41
lying couse lost. (c) Carcinoma	9 Stomach
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOR RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO
	D. (Enter noture of injury in Port I or Port II of item 18.)
206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF CONTRIBUTING  CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stot
10 White Holl white	tory, street, office bldg., etc.)
p. m. 19 ot work ot work	
21. I certify that (I) (this haspital) attended the deceased fram	19 (co, ta 11 - 5 , 19 (co that (1) (we) la
saw the deceased alive an 15 19 0, and that a	eath accurred at LEM, from the causes and on the date stated above
220. SIGNATURE	ATTENDING MED STAFF A SIGNE
	M.D. PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Richard Mo Dobsow	1 Brulyune mel
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town, or county) (Stote)
RUP AL 11-9-60 SACRED A	FEART LAPLATA MID.
24. FUNERAL DIRECTOR'S SIGNATURE , ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
THE HUNTT FUNERAL HOME WALDORE A	1 D DATE NOV 1 4 '60 arting & Kroup

NATIONAL DESCRIPTION OF THE PROPERTY OF THE PR

			Autor and	
	Littley, States	4 4		
MARKET NO.				

## MEALTH DEPT files. Health, ay is necessary, al director. Page of the second for Boar uld be executed within 24 hours after death. If an in pencil in Item 18. Give Pages 1, 2, and 3 to the function Office along with form PM3. Page 5 may be ratained burial-transit permit. File pages 1 and 2 with the State Ecoval, and in any event within 72 hours, after deaths. Office along with form PM3. burial-transit permit. File page "pending" 10 ease executa the certificate, writing tha word "pending should be forwarded to the Chief Medical Examiner" as MEDICAL EXAMINER: This certificate be used should should be forwarded to the Chief Mershould be forwarded to the Chief Mer FUNERAL DIRECTOR: Page 3 sho DEPOY Q40 9 0 VS. A15ME 5M 7/59

CERTIFICATION

MEDICAL

### MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH , MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY a. STATE Prince George MARYLAND b. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) Riverdale D.O.A. Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Leland Memorial Hospital YES NOT Ave NAME OF DATE Middla Month Yaar DECEASED OF (Type or print) DEATH Katherine Whistler November 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. (ast birthday) Months Hours Female Whi te WIDOWED T DIVORCED Nov ,1892 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired Practical Nurse U.S.A. Nursing Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Adam Brown Croushorn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. Coiner 16. SOCIAL SECURITY NO. I Star Route, (Yes, no, or unkown) | (Ifyasgivawarordatasofservice) Maryland ETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediata causa DUE TO (a), slating the undarlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY PERFORMED? NO D 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enlar nature of injury in Part I or Part II of Itam 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stelle) factory, street, office bldg., etc.) Not Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 4 and in my opinion Inspection death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Addrass (Streat, city, town, or county) November 1960. NAME (Lipa) AMES BOYD 22a. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d., LOCATION (City, lown, or country) (Stata) 22c REMOVAL (Specify) 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR arthur S. Krossa DANOV 1 5 '60

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Female Maite Town

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Lettend Memorial Hospital 1615 Perk Ave.,

White there were worken ber 11, who

nov. 20,1892 57 H

Practicel Murae Muraing Virginia U.S. &.

Adem Arcsm Crowencen

PET-10-35[1 Mildred B.Lynn Lourel, Meryland.

History James I. Ecip, M.D. Market I. Lovember 12, 1960.

There is the same of the same of the same COLANDSON FURNISH HOME, I surel, Md. - - Mar. Dan - - Carlon - Car

CORDS — BALTIMORE 1, MARYLAND

OF DEATH

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1. PLACE OF DEATH o. COUNTY Prince	Georges &	MARYLAND	a. STATE	PENCE (Where deary land	ceased lived. If b. C	institutio OUNTY	n: Residence	before odmi	ssion)
b. CITY OR TOWN (If outsid RURAL and give nearest to	le corporate limits, write	c. LENGTH OF STAY IN 18	c. CITY OR 1	OWN (If outside					wn)
Cheverly		6 days	6/ Hy	attsvill	e				
d. NAME OF HOSPITAL (IF P			d. STREET A		follow	C+~	204	ON	A FARM?
	ges General				fellow		eet		
3. NAME OF DECEASED (Type or print) Wa	lter	Middle C V	whitcraft	0	ATE F EATH	Nov	13	Day	Year 19 60
S. SEX 6. CC	DLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRT	4	9. AGE (	In years rthday)	IF UNDER 1	_	
Male W	hite WIDOWE	DIVORCED	20 Feb	1892	68	yrs.	Manths D	ays Hours	s Min.
10a. USUAL OCCUPATION (Give	re kind af work done 10b.	KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPL	ACE (State or fore	ign country)		12. CITIZE	N OF WHAT	COUNTRY
during most of warking life Pressman		vt. Printing	Off. Vin	rginia			U.	S. A.	Olig
13. FATHER'S NAME	2 1 6			MAIDEN NAME	ALC: NATION	-			40-4
Walter C. W	hitcraft		Dor	etta Dor	emus				
15. WAS DECEASED EVER IN U		SOCIAL SECURITY NO. 17	. INFORMANT			Addi	ess		
	VW 1	J	Edith H.	Whitcraf	t (Wife	Sai	ne as	#2	
18. CAUSE OF DEATH [E		ne for (a), (b), and (c).						INTERVAL E	D DEATH
PART I. DEATH WA	S CAUSED BY: Shoc	k and Toxemi	a					ONSET AN	ours
241	O DUE TO							9 9 6 19	
Canditions, if ony, wh	nich) (b) Gene	eralized Peri	tonitis					48 h	ours
gave rise to immedi couse (o), stating the un	ote (							1.0	The same
lying couse lost.	(c) Rup	tured Duodena	l Ulcer					48 h	ours
Z PART II. OTHER SIG		ONTRIBUTING TO DEATH E		THE TERMINAL D	ISEASE CONDIT	ION GIV	EN IN PART 1	(o) 19. WAS	AUTOPSY
	d myocardial	infarcts sec	ondary to	Coronar	y Arter	iosc	1. HT.		ORMED?
200. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	DERLYING 206. DESC USE OF DEATH (AL EXAMINER)	CRIBE HOW INJURY OCCUR	RRED. (Enter noture a	f injury in Port I c	or Part II af iter	n 18.)	- 3		
20c. TIME OF INJURY Mo Hour a. m. p. m.	While	NJURY OCCURRED 20e. Not while t at work	PLACE OF INJURY ( foctory, street, affice	Home, farm, 20f.	. (City or town)		(Car	unty)	(State
2) I certify that (I)	this haspital) attend	ed the deceased fran	NW.	1047	to NN	. 13	1962	2 that (1)	(we) las
saw the deceased a		19 60, and tha		6555 MMF				date state	ed abave
220. SIGNATURE	C41 Con	uce	M.D. ATTENDIN	G MED.	R STAFF			2	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Ronald S Fle	ischer M.D.	22d. ADDR	32 Queens	Chapel	. Rd	. Hyatt	svil <b>l</b>	e., M
23a. BURIAL, CREMATION, 23		23c. NAME OF CEMETERY	OR CREMATORY	23d. I	LOCATION (Cit	, town,	or county)	(St	ate)
Burrat (Specify)	11/16/60	Arlington	National	A	rlingto	n,		Va.	
24. FUNERAL DIRECTOR'S SIGN	NATURE	ADDRESS		25a. REC'D BY R	REGISTRAR 2		STRAR'S SIGN		100
F. Gasch's S	ons Hyat	tsville, Md.		DATENOV 1	7 '60	and	hur S. K	Laur	

TO HOSPIT. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have ofter death. Page 4 may be retrined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death. VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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carbon popers. Poges I and 2 should be filed with	in 72 haurs ofter death.			

after death. Page 4

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 had nied by the hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in By the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayol, and in any pent, which 72 haurs ofter death. may be rek VR A15 (4) 15M 9/59

TO HOSPIT

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Georges		MARYL	AND	- CTATE				lence befo	re admiss	ions
it town)	its, write	- 1 "	'nď				RURAL on	d give ne	arest town	'X-
				d. STREET ADDRESS		St., N.	E.		ON A	FARM?
		Middle W•		White	4. DATE OF DEATH	М	onth 11		,	Year 19 60
COLOR OR RACE						lost birthday	Month		Hours	Min.
Give kind of work life, even if retired	dane 10b.	KIND OF BUSINESS OR		RY 11. BIRTHPLACE (SIG	lmo, Vi	country)	1	USA	F WHAT C	OUNTRY
e			110	Jennie I	Brown					
	ervice)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Ac	ldress			
WAS CAUSED BY: MEDIATE CAUSE (c  DUE TO  which ediate DUE TO  (c) SIGNIFICANT CON  DUE TO  (c)	puse per lin	ne for (o), (b), and (c).] monary tube	rcul	losis, far			IVEN IN P	ON	SET AND	AUTOPSY DRMED?
NDERLYÎNG [] CAUSE OF DEATH DICAL EXAMINER)	20b. DESC or 20d. If While	NJURY OCCURRED 2	20e. PLA	CE OF INJURY (Home, f	arm, 20f. (City			(County)		(State
			hat de	ath accurred at P.  .D. ATTENDING  PHYS.	MED. DIRECTOR ₩	STAFF PHYS.	and an t	he date	221 1/21	
Moe We	iss,	M. D.								
23h DATE THERE	OF LAN	11.26.60		ODLAWN	WAS	HINGTO	v, D	.C.		e)
SIM SI	live	1820	-9	E Sh. W DATE						
	Georges  Itside corporate limits town)  rural)  Iff not in hospital, so a Dale Howard  Dale Howard  Fire  Will:  COLOR OR RACE  Negro  Give kind of work  life, even if retired  I U. S. ARMED FOR St. give wor or dates of so  [Enter only one complete of so  WAS CAUSED BY:  MEDIATE CAUSE (complete of so  which ediate under:  OUE TO  Which ediate under:  OUE TO  Which ediate of the the complete of so  I U. S. ARMED FOR St. give wor or dates of so  [Enter only one complete of so  WAS CAUSED BY:  Complete on the the complete of so  Which ediate under:  OUE TO  Which ediate on the the complete of so  I U. S. ARMED FOR St. give wor or dates of so  WAS CAUSED BY:  Complete on the the complete of so  WAS CAUSED BY:  WHICH TO THE T	stide corporate limits, write st town) rural)  If not in hospital, give street and provided in Dale Hospital  First William  COLOR OR RACE Negro  Give kind of wark dane lob. If not in hospital, give street and provided in Delay in Mark Negro  WIDOWN  Give kind of wark dane lob. If not in hospital and provided in the lob. If not	Titide corporate limits, write strown of town of the strong of the stron	Itside corporate limits, write strawn)  Itside corporate limits, write strawn)  Tural)  Ill days  If not in hospital, give street address)  Dale Hospital  First Middle  William W.  COLOR OR RACE 7. MARRIED NEVER MARRIED B.  Negro WIDOWED DIVORCED	Georges  MARYLAND    2. USUAL RESIDENCE of STATE   D. S	## Georges    Georges   Maryland   C.   Length of Stay In to State   D.   C.	Coorges   Coor	Color of Race   Color of Stay In   Lost   Color of Stay In   Lost   Color of Stay In   Lost   Color of Race   Color of Stay In   Lost   Color of Race   Color of Stay In   Lost   Color of Race   Color of R	Georges  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before the composite limits, write and years and washington and washington. It not in hospital. It advs.  If not in hospital. It advs.  If not in hospital. It not in hospital. Give street addras)  If not in hospital. It not in hospital. Give street addras)  If not in hospital. It not in hospital. Give street addras. It is a	Color or Race   Color or Rac

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12948 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1	2	9	7	2
-		47.		-

2001	Reg. Dist. 140.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Prince Georges County MA	o. STATE Maryland b. COUNTYPrince Georges
b. CITY OR TOWN (If autside carporate fimits, write   c. LENGTH OF ST.	
RURAL and give nearest town)	
Edmonston 20 Year d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS . IS RESIDENCE
OR INSTITUTION	ON A FARM?
4924 Lafayette Place	4924 Lafayette Place YES NO NO
3. NAME OF DECEASED (Type or print) DAISY MARY	WIGHINGTON 4. DATE Month Doy Your 1960.
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAI	
Female White WIDOWED DIVOR	
Do. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS	R INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
during most of working life, even if retired)  PURRENCY RIMMER  Bureau of	Engraving MARYLAND U.S.A.
PURRENCY TRIMMER BUREAU OF	Engraving MARYLAND U.S.A.
LAMES AUBREY TOTAL	
JAMES AUBREY DOVE  5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY I	Margaret Mary Birch
(If yes, give war ar dates of service)	ALT STRE WAS
No None None	Mrs.Gloria A. Yarmola, College Pk., Mc
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Corona:	Thrombosis ONSET AND DEATH
DUE TO	
Conditions, if ony, which ) (b)	
agre rise to immediate	
cause (o), stating the under. DUE TO	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO D
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I ar Part It of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State
20c. TIME OF INJURY Manth, Day, Year Haur a. m. 19 While Nat while at work at work	factory, street, affice bldg., etc.)
21. I certify that I attended the deceased from May	20, 19.57, to Noy 18, 19.60, that I last saw the decea
alive on November 18, 1960, and th	death accurred at 10:40 th, from the causes and an the date stated abo
Tall of (1)	ADDRESS (Street, city or town, state)  DATE SIGN
SIGNATURE WILLIAM OTHERS	. M.D. 5701 85th Ave., Carrollton, 711/18/6
SIGNATURE - CONTRACTOR OF THE	
PHYSICIAN'S NAME (Type) WILLIAM D. ROSSON, M.	5701 85th Ave., Carrollton, Marylan
REMOVAL (Specify)	ETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
BURIAL NOV. 22, 1960 ARLING	N NATIONAL ARLINGTON, VIRGINIA
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
W. W. CHAMBERS CO., River	ale, Md. DATE NOV 23 60 Cuchar S. Frank

TO HOSPU OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs a may be "Adined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by page 3 should be detached far use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

the funeral director, should be filed with

	ATE OF DEATH	CERTIFIC	SEST	
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TO HOSPITZ

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Novs

# MARYLAND STATE DEPARTMENT OF HEALTH 12998 CERTIFICATE OF DEATH

12973

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STAJE
1	PRINCE GEORGE'S MARYLAND	DISTRICT OF COLUMBIA
17	b. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
	CAMP SPRINGS   DAY	WASHINGTON 20, D.C. 47x-
	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
O	USAF HOSPITAL ANDREWS	1438 ALABAMA AVE, S.E. YES NO
	3. NAME OF DECEASED (Type or print) QUENTIN DERMONT	OMACK 4. DATE November 4 1960
	702112211	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male Neg WIDOWED DIVORCED 5	Z NOU 60 lost birthdoy) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU-	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	NA NONE	MARYLAND USA
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
)	WARREN Q Wannack	MURPHY
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
	(Yes, no, or unknown) (If yes, give war ar dates of service)	ARREN Q WOMACK (FATHER) SAME AS ITEM#2
	18. CAUSE OF DEATH [Enter only one couse per line fg-(o), (b), and (c).]	INTERVAL BETWEEN
	DART LOGATIL WAS CAUSED BY	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	RITY 31 HOURS
	776 X DUE TO	
	Conditions, if any, which gave rise to immediate (b)	
	cause (a), stoting the under. DUE TO	
	lying couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
7	<u>S</u>	YES X NO
Q,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)
		ACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
	Hour a.m. While Not while	clary, street, affice bldg., etc.)
		May 2 10 Alay 4 11-
	21. I certify that (I) (this haspital) attended the deceased fram	Nov. 2 1960, to Nov. 4 , 1960 that (1) twe last
1	saw the deceased alive an NOV- 7 1960, and that a	death accurred at AM, fram the causes and an the date stated above.
1	1 1 1 1 1 1 1 1 1 1 1 1 1	ATTENDING MED. STAFF NOV. 4, 1960
	22c. PHYSICIAN'S	M.D. PHYS. MED STAFF NOU. 4, 1960
	NAME (Type)	
	JOHN R DELAHUNTY, CAPT WSAF (M	MC) USAF HOSP ANDREWS, ANDREWS AFB, WASH 25,
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (State)
	BURIAL 11-9-60 ARLINGTON NA	
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	B.F. TAYLOR B. F. TOLLY 909 6TH ST, N.W.	D.C. DATE NOV 9 '60 arthur S. Krous
	2050192XVI	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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ALTIMORE I, MARILAND	40000
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	12999 CERTIFICATE OF DEATH						
	1. PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE OF COLUMBIA					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to	own)				
	ANDREWS AIR FORCE BASE 40 MIN	4WASHINGTON					
-	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		RESIDENCE				
C	USAF HOSP ANDREWS, WASH 25 DC		N A FARM?				
	3. NAME OF First Middle	Last 4. DATE Month Day	Year				
	(Type or print)  NELSON THOMAS	WRIGHT OF NOVEMBER 8	19 60				
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UN	90				
	MALE CAUCASIAN WIDOWED DIVORCED	ATIGITST 77 1883 Org yrs. Months Doys Hou	ırs Min.				
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHA	T COUNTRY?				
	during most of working life, even if retired)  RET ARMY IST IT	MASSACHUSETTS UNITED ST	TATES				
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	EDWARD A. WRIGHT	MARGURITE CASSIDY					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address					
	YES (1916–19 42–45 002–10–7513	EDWARD N WRIGHT (SON) SAME AS ITEM #	12				
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL	BETWEEN				
	PART I. DEATH WAS CAUSED BY: DITENTINET ARTOMT	ONSET A	ND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) RUPTURED ABDOMINAL ANEURYSM  12 HOURS  DUE TO						
	Conditions, if ony, which )						
П	gove rise to immediate						
	lying source lead						
	, (c)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. W/	AS AUTOPSY				
	ICATIC	PES	REORMED?				
17		IED. (Enter nature of injury in Port I or Port II of item 18.)					
		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) octory, street, office bldg., etc.)	(Stote)				
	Hour o. m.  P. m.  While Not while of work of work	octory, sneet, office blags, etc.)					
	21 I certify that (I) (this hasnital) attended the deceased from	5/30 8 NOV 1960 to 02/0 NOV, 1960, that (1	1 (we) lost				
		death accurred at A.M. from the causes and on the date stat					
	220. SIGNATURE	death accorded at22 M, from the couses and on the date state	22b. DATE				
Э	(Indrew W. Butchho	M.D. PHYS. DIRECTOR PHYS. 3	NOV 60				
	22c. PHYSICIAN'S	22d. ADDRESS	2101 00				
	NAME (Type)  ANDREW W BUTCHKO CAPT USAF (MC	USAF HOSP ANDREWS, ANDREWS AFB, WAS	SH 25. D				
	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY (		Stote)				
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
	D. 1 T 11 = 9.1 11 f	7 11 6					
	KINHLD, TUNERUL HOME INC. OIG TI J	. N. C. DATE NOV/9 '60 Circles & House					

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